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Nephritis

BY ARTHUR C. CURTIS, M.D.

MANY years ago an English physician, Richard Bright, described the manifestations and pathology of a disease he called nephritis in such a clear way that his report today is considered one of the masterpieces in medicine. Often, since then, this disease has been called Bright's disease. His original description included both the early and late types of nephritis, but observers later found there were more than the acute and chronic forms and as a result many classifications have arisen. In this description we will consider acute nephritis and two main types of chronic nephritis.

The word nephritis is derived from two Greek words, *nephros* meaning kidney and *itis* inflammation, and the disease was early thought to be an inflammation of the kidneys. The cardinal signs of inflammation are not all present. Cellular infiltration does not occur. Pus formation is not present and bacteria, in uncomplicated cases, are not found. The organic involvement is complete and equal, so it would be better to consider nephritis as a bilateral, non-suppurative, affection of the kidney and look upon the process as degenerative rather than inflammatory.

Acute Nephritis

Etiology: Acute nephritis is caused, in most cases, by streptococcus infections, especially scarlet fever, and in children, tonsillitis. Syphilis and the toxemias of pregnancy also, less often, cause it. It is probably not the organism itself in the kidney which creates the disturbance, but the toxin liberated from a focus of infection located elsewhere, which seems to have a predilection for the kidney. The vegetable and metallic poisons taken accidentally or with suicidal intent create a very severe and often fatal form of acute nephritis.

Course: The onset is usually sudden. Following a cold, exposure, infection, or a poison, the patient becomes pale and suffers perhaps a chill and rigor. Fever may be present in children but is more rare in adults. Edema begins to develop, noticed first about the eyes, face, and ankles and it may involve the whole body. The skin is dry and has a peculiar grayish or ashen hue. Nausea and vomiting may be a distressing symptom and, in cases due to a poison, is one of the most difficult to control because of the corrosive and irritating effect of the poison itself.

The pulse is usually rapid and soft. Many cases early show a rapid pulse and an increased blood pressure which subsides gradually as the infection terminates. Sub-normal blood pressures are ominous signs.

If edema of the lungs occurs, whistling sounds are heard at the lower portion of the chest with the stethoscope. The heart may be enlarged.

Edema, though one of the most striking signs in nephritis, is not an index of the severity of the disease. Some cases with severe edema may show good kidney function and rapid recovery. Conversely, patients with glomerular nephritis, who have little, if any, edema may rapidly pass into uremia and death.

The urine is suppressed and but 4 or 5 ounces are passed in twenty-four hours. Suppression often increases, as severity increases, and in uremia or the terminal stages of acute nephritis, there may be a complete anuria.

Most cases of acute nephritis do not become dangerous. Those few that do pass into a lethal state become morbid, comatose, and often show signs of beginning uremia with peculiar purposeless twitchings and mannerisms. Death rapidly ensues.

Laboratory Findings: An examina- of the blood shows a diminution of the number of red blood corpuscles, known as anemia. There is also an increase in the number of white cells. In streptococcus infections, the leukocytosis may be very high but in acute nephritis due to disturbances of metabolism, it is apt to be very slight, if present at all.

The urine presents the most characteristic findings in spite of the dictum of Thomas Fuller that "reasons drawn from the urine are as brittle as the urinal." It is scanty at first, irritating due to its extreme concentration, and highly colored. The color is due to the presence of blood, and varies from a smoky color to a bright red. There are also present epithelial cells, mucin, and cellular detritus. If the urine is allowed to stand, it separates into two layers, the upper of which is clear and the lower cloudy and red. Because of the high concentration of solids, its specific gravity is 1.025 or more. When the urine is boiled with a small amount of acetic acid, large amounts of albumin coagulate in it. Microscopic tubular bodies called casts are usually abundant. Some are clear and are known as hyalin casts. Others are coarse, and are spoken of as granular casts, epithelial casts, and blood cell casts. Red and white blood cells are also found in varying numbers in the urine.

The non protein nitrogen of the blood is usually normal. The urea nitrogen is normal, but the chlorides are high.

Prognosis: The outlook varies with the cause. An acute nephritis, due to a poison, is often fatal because an overwhelming amount is usually taken. When due to syphilis, prompt treatment often produces remarkable cures. In the toxemias of pregnancy, acute nephritis often clears up after delivery and sometimes, spontaneously, before delivery. In a few cases, an abortion must be performed to save the mother's life. The prognosis of streptococcic nephritis depends both upon the severity of the toxemia and the subsequent care given the patient. Most cases respond well to proper treatment.

Serious Symptoms:

1. Large and increasing amounts of albumin.
2. Increasing edema.
3. Subnormal blood pressure.
4. Severe hematuria.
5. Anuria.
6. Coma.
7. Uremia.
8. Complicating diseases.

Pathology: The pathology of the kidney can well be taken from Bright's original description.

> The kidneys, stripped easily of their investing membrane, were large and less firm than they often are, of the darkest chocolate color, interspersed with a few white points, and a great number nearly black; and with a little tinge of red in parts gave the appearance of a polished, fine grained porphyry or

greenstone. On section, these colors were found to pervade the whole cortical part; but the actual striated appearance was not lost, and the external part of each mass of tubuli were particularly dark . . . a very considerable quantity of blood oozed from the kidney showing a most unusual accumulation in that organ.

Treatment: First thoughts. — The disease is an acute degeneration of the kidneys which will tend to subside and resume function. The kidneys are not excreting the substances they should and are holding back the substances they should not. The treatment should be based on these two facts. The patient should be kept in bed, kept warm, and in a semi-Fowler's position.

Medicinal Treatment: Remove the cause, if possible. Attempt to attain good urinary elimination. This can be done first by forcing fluids. L. H. Newburgh believes edema in nephritis is caused by the formation or deposition of a hydrophyllic substance in the tissues and if this unknown substance can be diluted enough, in some cases, a certain threshold will be attained and good elimination will occur with a disappearance of the edema. Purges and sweats combined with diuretics are sometimes used in combating the edema. We do not recommend it, since it has been shown that cases recover as well without such harsh measures. Diuresis by means of drugs of the caffein group is to be avoided. Saline diuretics as Potassium Citrate in lemonade can be used.

The bowels should be kept open and this is best accomplished by the saline purgatives such as Magnesium Sulphate (oz. ½) in a cup of black coffee. Calomel, which is Mercurous Chloride, should not be used.

Restlessness and twitching should be treated with Potassium Bromide, Barbital or Codein. Morphine may be given in severe cases.

When uremic twitchings or convulsions occur, inhalations of ether or chloroform will allay them. Venesection and transfusions may reduce and dilute the toxic causative agent enough to stop them. It is important to provide special nursing both day and night.

Diet: All renal irritants should be excluded from the diet. This includes ginger ale, spices, extractives, and volatile oils. Salt should be reduced to a minimum. Protein should be kept as low as two-thirds of a gram for each kilogram of body weight. After twenty-four hours, if nausea and vomiting are absent, the Karell Diet may be given. A varied diet of whole milk, gruel, cereal, cream, sugar, milk toast, butter, and fruits is often tolerated better because it is not so monotonous.

Chronic Nephritis

A CLINICAL classification of chronic nephritis offers many difficulties. In all forms, we deal with a diffuse process involving the interstitial, epithelial, and glomerular tissue to a more or less degree. Clinically, two main forms may be recognized. Those termed Chronic Interstitial or "Dry" form and Chronic Parenchymatous or "Wet" form. There are many intermediate forms in which the interstitial and parenchymatous elements are equally involved, but in general, most cases can be placed in one of the two previously mentioned groups.

Chronic Parenchymatous Nephritis or "Nephritis with Edema"

ETIOLOGY: The cause of this disease is unknown. Toxins from chronic foci of infection located about the roots of the teeth, in the sinuses, or tonsils; bacterial infections, malaria, alcohol, syphilis, tuberculosis and high protein diets, have all been attributed as its cause but the question is still an open one.

Course: In most cases, the onset is insidious. After an attack of dyspepsia,

or a period of failing health and loss of strength, the patient becomes pale and weak. Puffiness of the eyelids or swollen limbs are noticed in the morning. Vomiting may be a frequent and distressing symptom. Diarrhea may be profuse. The skin is dry and ashen gray in color. The edema does not occur in the dependent portions of the body as is seen in heart failure, but involves a part or all the soft cellular areas about the eyes, arms, neck, abdomen, and legs. As the disease progresses, the edema may increase. Weakness becomes very apparent and the mentality becomes impaired. Coma usually closes the picture.

Laboratory Findings: Anemia is present. In severe cases it may be marked. The blood chlorides are high and their elimination is low. Such phenomenon is known as chloride retention. Non-protein nitrogen of the blood is usually normal and the blood pressure is normal. The urine is scanty, its specific gravity is high, and much albumin is present. Blood is usually absent. Many casts of the hyalin variety are present. The pulse is soft and its rate is practically normal.

Prognosis: The prognosis is extremely grave. In cases which have persisted a year, recovery rarely takes place. Only in children may recovery ensue after longer intervals. Few diseases have so hopeless an outlook.

Pathology: Death is caused usually by edema of the lungs, uremia, or a terminal infection. The kidneys are enlarged and the superficial stellate veins are injected. The capsule strips readily and the kidneys feel as though they were made of soap. They are no longer purple but are yellowish white and are spoken of as the "large white kidneys of Wilks." On cross section, the pyramids are deeply conjested, and when looked at microscopically, the cells of the tubules show granular and fatty changes. The tubules themselves are filled with casts.

Treatment: First Thoughts.—Eradication of the foci may arrest the disease. Temporary improvement may be hoped for in other cases. Patients with digestive symptoms, edema, and dyspnoea, should stay in bed. A semi-Fowler's position is recommended.

Medicinal Treatment: Tonsils, teeth, and sinuses should be examined for foci. Syphilis should be looked for and if present, Arsphenamine or Bismuth preparations should be administered. Diuretics may be tried to relieve the edema but they are often worthless. Hydrothorax and ascites can be temporarily relieved by tapping. The secondary anemia can be alleviated by some iron preparation such as Ferrous Carbonate. The minor discomforts are best allayed by Sodium Bromide, Codein, or Morphine. Warm baths are very helpful. Special nursing is recommended when confinement to bed occurs.

Diet: Protein should be reduced to a minimum. Salt should be kept low. All renal irritants should be excluded. Water can be forced at first in an attempt to relieve the edema, and if successful, can be continued. Sweating and pilocarpine may be tried as well, but we do not suggest it. The diet suggested in acute nephritis is also used in chronic parenchymatous nephritis.

Chronic Interstitial Nephritis, or Nephritis with Hypertension

THIS affection is met with as a sequence to a later stage of chronic parenchymatous nephritis known as secondary contraction; as a primary, independent affection of unknown etiology; as a sequence of arterio-sclerosis; and as a senile change. Some families show the disease in many members for several generations. Syphilis, alcohol,

or over indulgence in eating have been cited as contributory causes.

Symptoms: Individuals with this type of nephritis complain of many disorders but seldom the real one. They may have headaches, poor vision, nose bleeds, backaches, ringing of the ears, grouchiness, changes in their mental reaction, spots before their eyes, palpitation of the heart, muscular tremors, apoplexy, nocturia, and polyuria. These symptoms may have existed for years before a physician was consulted. When examined, they are found to have a high blood pressure with a pulse that is hard and high in tension. The vessel wall is thickened. When the pulse is felt, it is difficult to overcome it and the vessel itself can often be rolled between the fingers. The high blood pressure throws a great strain upon the heart and hypertrophy of the left ventricle occurs. There may be a murmur, systolic in time, at the apex of the heart and the aortic second sound is sharp and snapping. Edema is not present. The symptoms of which the patient complains are usually caused by the marked sclerosis of the vessels and the high blood pressure which is often above two hundred. These people are apt to be active in spite of the seriousness of their disorder. Often, however, they are sad and it is said about them, "they look like Hamlet and feel like Hell."

Prognosis: Chronic nephritis is an incurable affection but is compatible with the enjoyment of life for many years. If proper care is taken, ten to twenty years is not beyond expectancy. Osler says,

> increased tension, thickening of the arterial walls, polyuria, and a small quantity of albumin neither doom a man to death within a short time nor necessarily interfere with the pursuits of an active life.

Laboratory Findings: Polyuria is a common symptom of this disease. Frequently, the patient has to get up three or four times during the night to empty the bladder. There is also a corresponding thirst. The color of the urine is a pale yellow. Very little albumin is present and the morning specimen may be devoid of it entirely. The specific gravity is low and casts are rare. Those found are of a hyalin and granular variety. Over indulgence of food, exercise, infections, and cardiac failure will increase markedly the presence of albumin. A few red blood cells may be present throughout the course of the disease or may occur sporadically. Functional tests of the kidney show it to be but 30-40 per cent efficient. As the disease persists, these figures decrease. They have no relation to prognosis, however.

There is a decided increase in the non-protein nitrogen of the blood. This is often spoken of as waste product nitrogen and its elimination in interstitial nephritis is very much delayed. The blood pressure is often in the neighborhood of 200 mm. of mercury. The chlorides are excreted normally and correspondingly, there is no edema.

The mental symptoms and changes in personality are due to sclerosis of the cerebral vessels.

Pathology: The kidneys are extraordinarily small. Their surface is granular and of a reddish hue. The kidney capsules are adherent and can be removed only with great difficulty. From their external appearance, it seems impossible that they perform their function at all. On cross section, the kidneys are seen to be contracted with wedge shaped areas of connective tissue interspersed between areas of dilated tubuli. The vessels ramifying throughout their substance are thick walled and sclerosed. Small cysts are commonly found.

Treatment: First Thoughts. — The chief objects of the treatment are to

lessen the work the kidneys must do and to support the circulation.

Excitement, strenuous exercise, fatiguing work, and lack of rest are to be avoided. Most patients are active and about until the heart fails in its duty, so the fear of precipitating a cerebral hemorrhage must be impressed upon them. The height of the blood pressure and the amount of sclerosis present should be an index of how much or how little they can do.

Diet: The regulation of the diet should be in proportion to the severity of the disease. If the blood urea is high, 60 grams of protein per day are sufficient. Obesity should be reduced. Fluids should be given freely. Salt restriction may be experimented with but, as edema is absent, it is not important. Carbohydrate foods, fruits, and vegetables should compose a greater part of the diet. The total caloric intake should be low.

Medicinal Treatment: Rest, both physical and mental, should be frequent to reduce blood pressure. If the blood pressure is above 200 mm. of mercury, the patient should be confined to bed. Venesection is sometimes used to lower the blood pressure. Nitroglycerine and the nitrites can be used.

The bowels should be kept open. Asthmatic attacks are relieved by inhalation of amyl nitrite. If dyspnoea is severe, Codein or morphine can be given. The headaches respond to Acetanilid or Phenacetin, and for restlessness, Bromides or Barbital is given. When cardiac failure occurs, Digitalis must be given to maintain the blood pressure. Most cases, at some time or other, should be given Digitalis. When confinement to bed occurs, nursing should be provided.

Maintaining a life of moderation and establishing a reputation as a light eater of meat gives every reason to hope that the disease will not become appreciably worse for a long time.

In no other disease does nursing care play a greater part than in nephritis. In the acute cases, the disease is self-limited and remedies the physician can use are of little value. In the chronic cases, the process has become almost incurable and the types with edema have but a short while to live. Skilled nursing for those poor bed-ridden people may make their days in bed, which are many, much easier and brighter. Their diets must be watched and the extreme edema necessitates a constant guard against bed sores or any type of infection which may complicate their already serious disease. The alert and skilled nurse is often the best doctor in nephritis.

Nursing In ~~Hungary~~ Uruguay

ADAMI ROUSSEL, a graduate of the 1923-1924 International Course of the League of Red Cross Societies, is matron of the *only training school for professional nurses* in Uruguay, founded in 1913. The training school is attached to a small hospital of fifty beds in Montevideo and gives a course of two years and three months, following carefully the Florence Nightingale system.

It has been no easy task to establish this first training school, and one of the chief difficulties has been that of securing proper living quarters for the nurses. Although the nurses are properly housed while in training, their work as graduate nurses in other hospitals and institutions is often carried on under extremely difficult conditions.

The native girls are bright and clever, amenable to discipline, and although their educational qualifications are not yet of a high standard, they are keenly interested in their work and studies.

All hospitals in Uruguay come under the supervision of the "Assistencia Publica," an official state organization of nine lay and medical men, which is responsible for all details of hospital administration. Thus the medical staff, nurses and attendants are state employes.—*Information Bulletin* of the League of Red Cross Societies, March 1, 1926.

The Nursing Care of Nephritis

By Shirley C. Titus, R.N., B.S.

Adjusting the Blanket for the Hot Pack

THE importance of intelligent and careful nursing care for patients suffering from nephritis cannot be over-emphasized. It is essential that the nurse caring for a nephritic should have a clear-cut picture in her mind of the structure and function of the normal kidney, also an understanding of the difficulties arising when a sick kidney is unable to function properly. She must be familiar enough with the ordinary laboratory tests in such a condition as to intelligently read and understand the laboratory reports on her patient, in order to know how he is responding to treatment. And finally she must have such a grasp of the theory and practical aspect of diet in disease as to intelligently coöperate with physician and dietitian in the dietetic treatment of the disease. Hand in hand with this intelligence and understanding of the disease and its treatment, must go a keen realization of the important part nursing plays in the treatment of nephritis. The nurse must approach her work with *zestful interest* if she is to be successful in caring for such patients. She must see far and beyond the mere humdrum routine of measuring intake, output, etc.

We must remember that in nephritis the kidney must be saved from as much work as possible. The work can only be lessened by regulation of diet, by lessening the wastes from tissue metabolism, by preventing infections, avoiding the use of irritating drugs, and by stimulating elimination through the skin and intestines.

Rest in bed is essential, as muscular activity increases metabolism and tissue wastes to be eliminated. Restlessness and discomforts are to be particularly avoided and the nurse finds that she has no small task on her hands in keeping her patient comfortable and happy, for a nephritic is very likely to be an irritable and depressed patient. This irritability and depression without question are largely due to the restricted diet with the resulting craving for salt and for water. The nurse should ever be alert in performing those little acts such as the turning of a pillow, adjustment of bed clothes, etc., which make for real comfort for the bed patient.

The skin and the mouth should receive painstaking care. Not only is meticulous care of the skin necessary for the actual comfort of the patient, but it is of prime importance, because we rely on the skin to some degree to save the kidneys part of the work of elimination of waste. The skin must be kept warm and its circulation and function stimulated. A daily cleansing bath, with massage and alcohol rubs, does much to keep up the tone of the skin. Chilling, of course, must be carefully avoided, as chilling prevents perspiration and causes increased congestion of the kidneys and other organs by driving the blood from the skin. It also contracts the blood vessels and has a tendency to increase an already high blood pressure. Shivering means increased muscular activity and wastes to be eliminated, both of which results are thoroughly undesirable. Frequently it is found that keeping the patient between blankets aids materially in keeping him warm and comfortable.

It must be remembered that the disease is prolonged and the patient is likely to be confined to bed over a period of time. He will probably become pale and anemic from the constant loss of albumin and from confinement. He will probably lose weight and become emaciated or his tissues will become edematous. Such conditions predispose to bed sores and demand the best nursing care to prevent them. Freedom from bed sores, therefore, can only be secured by eternal vigilance.

Proper care of the mouth and lips adds much to the comfort of the patient. The mouth should be kept thoroughly cleansed and the lips, soft. A bland mouth wash used frequently does much to keep the mouth clean and healthy. Cold cream applied at the first sign of lip dryness will prevent much discomfort and annoyance to the patient.

In considering the general comfort of the patient,—ventilation, room temperature, light, and noise must receive due attention, each in its turn. An airy, quiet, light—but not too light—room is essential if maximum comfort is to be given. Room temperature should be carefully looked after and a room thermometer is a necessary part of the sick room equipment.

Diet

THE next important step in the care of the nephritic is diet. Rest of the kidneys is only possible through a carefully regulated diet. Certain foods are carefully restricted or eliminated.[1] These foods include protein, salt and irritating foods, such as celery, onions, radishes, and condiments. Every nurse should have a sufficient background in the theory and practice of dietetics to intelligently understand the problem of the weighed diet. She should, also, be able to prepare a weighed diet if occasion arises but she should thoroughly understand that, in the hospital, the dietitian, who is a specialist in her field, is entirely responsible (with the physician) for the nephritic's diet. While intereference by the nurse in the matter

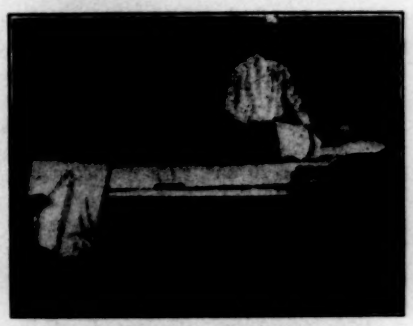
[1] See "Calculating a Nephritic's Menu."—Bertha Wood, *American Journal of Nursing*, April, 1926.

of the diet is to be strictly avoided, she should make every effort to coöperate with the dietitian in making the food service a success. Often a word of sympathetic encouragement from the nurse will cause the patient to consume the meal which might have otherwise been refused. The nurse must study her patient's food likes and dislikes and report the same to the dietitian. "Co-operation but not interference" should be the nurse's slogan.

The question of fluids intake and output concerns the nurse greatly. If the best results are to be obtained in the treatment of the disease, an *accurate* measurement of the intake and output of all fluids must be kept, for it is by such an accounting that the physician is able to get a general idea of how well the patient is responding to treatment. It is believed by some that fluids should not be forced when the patient is edematous but here at the University Hospital, the view is held that the matter of edema is not a kidney condition but a tissue condition and that fluids should be forced whether the patient is edematous or not. Water, lemonade, orangeade and other bland drinks should be given the patient in large quantities, as it is by this means the waste products are diluted and flushed from the system. In this way the irritation of the kidneys is lessened.

Elimination

ELIMINATION is aided by keeping the bowels well open with cathartics which cause watery movements. Often diuretics are used. There is a diversion of opinion in regard to the use of diaphoretics and the use of hot packs, baths, etc., to produce pronounced skin elimination. Those physicians who hold the view that fluids should be limited when the patient is edematous, believe that diaphoretics, hot packs, etc., should be used to cause excessive elimination by way of the skin. Again, here at the University Hospital, a contrary view is held. Hot packs, hot baths, etc., and diaphoretics are seldom or never ordered. It must be remembered, however, that the desirability of administering hot packs is a controversial point and the nurse should follow orders regardless of what she feels is the desired practice.



HOT PACK COMPLETED

We will not go into the actual procedure but will dismiss it with a brief summing up of various warnings to be regarded when heat is applied in such conditions.

1. Protect your patient from all needless or avoidable exertion.
2. Take great care that he does not become chilled when preparing him, or removing him from, the hot pack or bath.
3. Do not forget to keep an ice cap to his head while the treatment is being administered.
4. Be sure the blankets are tucked snugly and tightly around him so no cold air can reach the skin. (See illustration).
5. Be on your guard against collapse, as the patient is usually suffering from arteriosclerosis, hypertrophied heart, or high blood pressure and the sudden application of heat may cause difficulties.

The nurse must be keenly observant at all times while nursing the nephritic, for an early detection of symptoms may actually save the life of the patient. Drowsiness, headache, disturbance of vision, nausea, vomiting and diarrhea are all danger signals and should be

carefully watched for and immediately reported, if present.

Regarding Infections

A WORD must be said regarding one more important responsibility of the nurse in the care of nephritics. This is the necessity of constantly guarding your patient from infections. When the kidneys are diseased, their resistance is lowered so that they are very susceptible to infection by germs as they are being eliminated. Infections such as colds, tonsillitis and others must be prevented if possible. The nurse must play watch dog over all possible avenues of infection to her patient. If she herself is not feeling well, it is her duty to avoid contact with the patient until such time as she is sure she is not a possible pathway of infection to him. Even though the nurse is suffering from a slight cold in her head, she should take every precaution to protect her patient, even to the point of leaving the case.

Remember that *intelligence* and *zestful interest* are the keynotes in the nursing care of nephritis. The actual bedside care of the nephritic—the accurate measuring of fluid intake and output, the constant effort to keep him comfortable, happy, etc.—require as much skill and real nursing spirit as does the most difficult surgical condition, and if your attitude is right and you have a real understanding of the nature and treatment of the disease, you will find your task just as exciting and interesting as any surgical case. Look out and beyond the mere routine and you will enjoy nursing such cases.

Mustard and Making a Mustard Paste

By Samuel A. Visanska, Ph.G., M.D.

MUSTARD is the sifted farina made from the mixed seeds of the black and white mustard plants. It should be of a bright yellow color and be easily compressed into a coherent mass. In the United States and Br. Phar. the unground seeds of the white and black mustard are known respectively as sinapis alba and sinapis nigra. Commercial mustard varies in pungency according to the proportion of the black mustard it contains, for that is much stronger than the white on account of the presence of a volatile oil which is lacking in the white variety. This oil does not exist in the free state, but is developed by the reaction upon each other, in the presence of water, of sinigrin (potassium myronate) and myrosin. To produce this, the water should never be hot, as reaction does not take place except at moderate temperatures, nor in the presence of vinegar. To this oil are due the rubefacient properties of black mustard, while in the white variety, aulohocyanate of acriline, a body developed by the action of myrosin upon sinalbin under the same conditions as in the case of the volatile, takes place. The cheaper grades of mustard often consist almost exclusively of the white variety, or may be simply flour or starch colored with tumeric, etc., and given a pungent taste by capsicum. Black mustard is less active when alone than when mixed with a small proportion of the white, as it seems to contain insufficient myrosin to develop its full activity, while in the white there appears to be an overplus. The majority of physicians agree that a mustard plaster, properly made and applied, is one of the counterirritants, especially in all bronchial affections.

On account of the many adulterations, I will give a quick and reliable method of telling almost instantly if your mustard is good. We have been taught to mix the flour and mustard and then add the water, stirring until you get the proper constituency. A better way is to first add your mustard to a small amount of lukewarm water. If there is any volatile oil present, it will be developed at once, then add the flour gradually, and more water as desired. By this simple method you tell immediately "whether the mustard is mustard," as there is no need to waste the flour.

Nursing and Convalescence

Nursing Relations to the Newer Convalescent Programs[1]

By Lillian Kelm, R.N.

CONVALESCENCE (considered broadly, as covering the various substandard and intermediate borderline illness conditions) is now growing to be such a definite segment of our health care that its relations to the nursing profession merit more precise outlining. Beginning years ago, with a few small rest homes in the larger eastern cities, the last ten years have witnessed remarkable extensions, with a general medical recognition and inclusion in public health programs. Notably, within the past few months, have come the settlement of several great benevolent funds upon this too-long-neglected convalescent and preventive effort. The major community health surveys give it increasing importance in the listed requirements, and the medical and public health teaching centers are tardily incorporating it in their schedules.

Convalescence, so understood, interlinks with fresh-air, camping, vacations, etc., on one side, while hospital and private bed care, with serious chronicity and the various milder defectives, merge into it upon the other. Singularly, the deplorable lack of chronic hospital provision, and the encouraging percentage

Golf Tournament

of rehabilitations, found feasible in the chronic class, are now aiding in upbuilding these very convalescent institutions; for the latter are found to function well over into the chronic field. At the Burke Foundation's country place, with capacity of 300 beds, about 25 per cent of the patients may at all times be justly classed as chronics, but hopeful of replacement in at least a handicapped productive social status. Many of the aged and moderately defective also come fairly within the convalescent practice, typifying the "holding-on" kind of recuperation. Add the preventive cases in large proportion (from 30 per cent to 40 per cent at the Foundation) and the breadth of the convalescent zone is appreciated.[2]

[1]Paper read before the Connecticut League of Nursing Education, 1926.

[2]The publications of our Sturgis Research Fund, freely available, give adequate historical and administrative detail upon convalescence and allied subjects.

The nurse deals with these subnormal conditions in the hospital and dispensary, the private home, the sanitarium, the industrial health department, the camp and fresh-air place and in the special convalescent institution. She remains the principal factor in our convalescent care at present. Social service is taking on, however, an increasing proportion of this responsibility. Physicians, excepting the few who specialize in convalescent, chronicity, reconstruction and the border states, will probably continue to partially or wholly turn

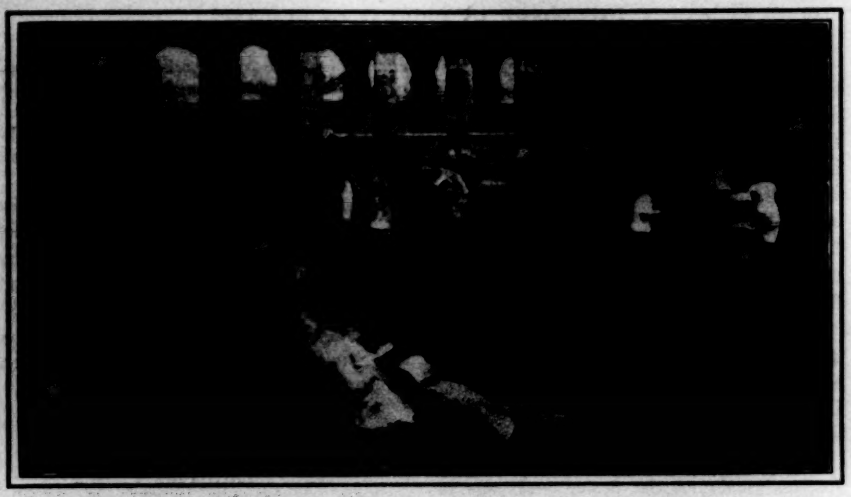
GARDENING

these millions of patients over to the upbuilding follow-up care of trained aids,—nurses, social workers, dietitians, occupational therapists, vocational adjusters, and perhaps rightly so, providing these auxiliaries come to proper understanding and equipment for the work. Until then, the quacks and charlatans will continue to prey upon the people in these impressionable states, and a large percentage of reconstructable subnormals will remain unnecessarily expensive social liabilities.

We may not here discuss the medical-psychological elements of the recovery stage of illness (reference is made to the accumulating literature) except to note the recognition of convalescence as a fairly well defined stage, with peculiar problems and large opportunities for achievement, especially in prevention and with the handicapped. The practical question then is: With other health organizations incorporating this branch as essential, how shall the nursing profession adapt itself to the new movement? Suggestively, for the past two years in New York City, two nurse training schools have formally included convalescence in their social service elective courses, and are sending pupils in small groups for instruction and observation of the procedures both in the city admission and clearance departments, and to certain larger country homes having matured regimes and teaching staffs. Others have irregularly availed themselves of such affiliations. Convalescent leaders are at times called to address nurse classes, and altogether there is forming a modest but definite line of instruction in this branch. From the Boston district and elsewhere come calls for printed outlines of the teaching. Considering the growing importance of this substandard health problem, and the nurse's inevitable and vital participation, it would seem that the time has come for its incorporation into the training-school schedules, of the large population centers, at least. The short time-allotment required would but little further burden the student, for the brief country environment implied in the experience actually proves vacational and inspiring.

What long-term results are anticipated? Right convalescent care is essentially the bridging of a gap into which patients fall with their weaknesses, doubts and fears, introspections, neuroses and various maladjustments,—and often never get out without skilled aid. But the period may be made furthermore to give a challenge to even higher than former grade living, and the nurse, thus specially informed, has the largest single vantage ground in this field at present.

For those of administrative bent, there is already frequent call to the superintendencies of institutions, it being



CONVALESCING AT THE BURKE FOUNDATION—PLAYGROUND BALL

recognized that the best all-round nurse training precisely fits for this incumbency; which ever includes the "doctoring" of many minor ailments, with a minimum of bed care and a major portion of common sensed human management and uptending. These positions are well paid, give opportunities for pioneering and distinction, afford most attractive living conditions, and there now appears a definite lack of well equipped women to fill the demand. As this type of institution multiplies there will be outlet also for many trained assistants, and these, be it noted, are happily often recruited from the mildly handicapped, the city-tired or depressed, who find in this country-cheer environment their own rejuvenations along with peculiarly satisfying work. Many small private rest homes have been conducted by nurses, usually with doubtful success and brief tenure; and yet under the increasing demand for all kinds of supervised convalescence, and with better rates, these places are coming to function more worthily and to increase.

This extra training proposed applies most effectively in all of the industrial nurse relations with convalescents and the potentially workable subnormals,—coöperating widely with employment and the many welfare agencies. Health and employer's insurance are becoming more involved in these relationships. Social service is first in demanding constantly larger country rest-repair facilities; and social service in the peoples' homes is mainly but the direction of convalescence and prevention under difficulties. The hundreds of nurses who will become social workers obviously need all possible of this auxiliary instruction, as above suggested. The remarkable spread of interest in the psychoneurotic is drawing thousands to that special work, which apparently presents the outstanding welfare opportunity of the age; but the majority of convalescents and misfitting persons are practically on the fringes of this classification or within it, and the p e r s o n experienced in the fundamentals of semi-invalid care will most acceptably advance to the more demanding neuro-mental problems. The convalescence of heart disease and certain other special conditions is demanding a measure of specialized training.

It is clear from these and other interrelations which might be presented, that a larger percentage of nurses are all the time working away from the bedside, into the intermediate medical-social-industrial zones of health and welfare, and that training in convalescence, broadly understood, may gradually find standardized place in the teaching programs.

Outline of Courses

SPECIAL instruction in the convalescent services, for nurses in training, falls naturally into four divisions or methods:[3]

1. The entire class (or in sections) may receive, usually in the Senior year, one or more lectures by leaders in this field, reinforced by complementary teaching within the school.

2. Student nurses, usually those specializing for the social service or public health branches, in groups of two to six, pursue a definite home and visiting short course of four to six days in convalescent nursing and general management, covering the selection and preparation of patients in wards and clinics and visiting nurse services, a day or two of assistance and observation in the city admission departments of the larger convalescent institutions, brief residence in at least two representative country homes, (child and adult) giving theoretical and practical instruction in the various procedures, supplemented at the hospital by observation of social service and other follow-up and re-employment practices upon returned and house-care patients.

3. To those deeply interested in this work, it seems highly desirable that elective undergraduate courses of from two to four months be offered by well organized convalescent institutions which are in a position to establish good courses of instruction.

4. The demand for nurses qualified to administer convalescent institutions can best be satisfied by nurses who have made the effort to secure the special preparation required. This might properly include a period of postgraduate work in a well organized institution to which should be added suitable observation of other institutions doing similar work.

[3] Methods 1 and 2, outlined above, have been in practice during the past two years in New York City and are being extended.

In any study of the subject it is assumed that the increasing and fairly comprehensive literature of this subject will be skilfully utilized. Much of this, together with suggestive teaching schedules may be secured by application to the Sturgis Research Fund of the Burke Foundation.

Enuresis

THE points on which all recent authors agree are these: No fluids after 4 p. m., a two to three hours' rest in the afternoon; empty the bladder before retiring and again before midnight according to the time the child is found wet; use a chart with gold stars for dry nights and red one for wet nights; encourage the child and impress on him the fact that he can get well. Is it not just possible that since cures are reported with every method of treatment that as far as drugs are concerned their effect is more psychological than medicinal? The affixing of the gold stars stimulates the subconscious control over the higher centers to greater activity and strengthens the will and the more frequently this chart is looked at, especially after it has a fair percentage of gold stars, the more beneficial the effect, for it keeps before the mind the main objective. It stimulates the desire and promotes self-confidence and we can say any of us accomplish anything we set out to do if we will only keep the main objective before us and keep striving towards it. Aside from cases of congenital malformation, neoplasms, myelitis, spina bifida, and other conditions that are of course incurable, I believe the large percentage of these cases are simply a habit condition and that with sympathy, encouragement, the proper regime and care this habit can be broken.—M. K. WYLDER, "Etiology and Treatment of Enuresis," in *The Medical Journal and Record*, March 17, 1926.

Nurses' Jurisprudence

By C. S. Chase, M.D.

(Continued from May Journal)

Where Services Are To Be Rendered

1. In private duty service: homes, hospitals, as traveling companions, on battle fields, et cetera.

2. Hospitals—types: (*a*), State and Government; (*b*), charity; (*c*), part pay and part charity; and, (*d*), entirely private, and for profit.

Varying Degrees of Responsibility in Serving in Each Type

Type (*a*)*:* Since neither the State nor Government can be sued, a nurse is in less danger of personal responsibility resulting, possibly, in a suit for damages brought against her directly than in either of classes (*c*) or (*d*).

Type (*b*)*:* It is considered by the courts, almost without exception, that it is clearly against public policy to jeopardize the existence of purely charity hospitals by making them liable for the acts of their employees, whether physicians, surgeons, internes, or in the necessary ordinary services of such an institution. A damage suit would need to be brought directly against the offending employee. This is seldom done.

Type (*c*)*:* This type of hospital, being on the dividing line between (*b*) and (*d*), makes it less certain that it can claim immunity against damage suits. Many of them have been sued and heavy damages assessed against them. In most of the cases the offending party, physician or surgeon (it could be an interne or a nurse), is joined with the hospital as a co-defendant.

Type (d): It is obvious in this type of hospital, erected and conducted by a private party, or parties, or incorporation, and to be used exclusively for profit, that it must defend its services of every kind, and by whomsoever performed. Its owner, or owners, if a partnership, or its stockholders, if an incorporation, may have a right to indemnify themselves, if the victims of damages at the end of a suit, by suing the offending party, not a partner or stockholder, of course. If it happened to be an interne or nurse or both who were to blame for the cause of the action, a right of action against such party or parties would be available.

Some Commonly Accepted Principles upon Which Might Be Based Suits at Law for Damages and Recovery Be Had

The doctrine of Master and Servant, or of Physician and Surgeons and Internes or Nurses, may be summarized as follows:

(*a*) Where a nurse is clearly in the employ of a physician or surgeon she might be responsible for negligent acts of her master or principal.

(*b*) Where, although the nurse is not his servant or agent, she might become liable on the theory that the negligent act was really a part of the duty he was employed to perform; such, for instance, as leaving a sponge in the body because the nurse had failed to count the number used, or had mistaken the same; or where she had noticed, dressing a wound, that a drainage tube had broken its anchorage and had failed for some time to call attention to the fact.

(*c*) Where the nurse is *not* the servant of the operating surgeon but is hired and discharged by the entertaining hospital, the *hospital*, and *not they*, would be responsible for her negligence.

(*d*) The physician or surgeon should give *explicit* instructions to an attendant who is ignorant, or to a nurse who is inexperienced, especially in cases presenting new or unusual features.

(*e*) In cases where the negligent act of the nurse is the *proximate cause* of the injury to the patient, *she* is *primarily* responsible for the same, regardless of the liability of the master or physician.

Illustrative Cases[1]

Criminal: Abortions — Poisoning — Inexcusable and Fatal Negligence.

Civil: Drugs—A Lousiana Case: Dropping pure alcohol into the eye of a patient instead of a solution of boric acid.

[1]Owing to lack of space, it is impossible to give all of the illustrative cases compiled by the author.—Editor.

Oregon Case: Mistakenly using eserine instead of atropine, as prescribed.

Iowa Case: In which extract of belladonna, in three grain doses, was administered instead of the extract of dandelion, as prescribed.

Nebraska Case: In which a patient was permitted to wander at will through a ward, just off his room, although chronically mentally deranged, and, unobserved by his attending nurse, found his way into the drug room and exchanged some fever tablets for tablets of bichloride of mercury of about the same size and appearance.

Burns: Cases are of record illustrative of such errors by nurses, resulting in expensive damage suits.

Radium and X-ray burns are common.

Conclusions

Have nurses any individual responsibilities in their services? It is my belief they certainly have, and they are rapidly increasing. They will, or should become, more and more conscious of them in their daily rounds in their services. Observe but a few of such: Private duty—institutional—industrial-school and county nurses—community nurses—visiting nurse—supervising and head nurses—operating room nurses—teaching nurses, et cetera.

Questions of First Importance

Should a nurse be responsible in damages for a negligent act for which she alone was negligently responsible? Could a judgment become a lien upon her property? How long would it remain such? Could it be renewed? Could it be transferred to another state? Would it become a lien upon any property she might acquire subsequent to the date of the judgment against her? If she were unmarried at the date of the judgment, but should marry subsequent thereto, would it become a lien against any property that she and her husband might acquire and remain a cloud upon same until satisfied?

After all the possibilities shown that might happen to her in her subsequent life, would not a nurse, as a careful and prudent business woman, feel that she need have no fear for the future if she is reminded that she is expected to do no more or no less than is the duty of all. Be a good citizen and receive the rewards that always await such, and be willing to suffer any consequence that inevitably awaits all of us—when offenders.

The fact that she may be alone liable, or jointly with others, for crimes or torts makes it all the more necessary that, knowing clearly what her duties are, she will leave no stone unturned that would help make clear what such duties are. Knowing them, she will at once and to the best of her ability discharge them. More than this, society will seldom demand of her. Less than this, she should never ask or expect. We are all servants of the law, whatever our station or service in life may be.

ACTUAL (abstracted from Supreme Court reports of various states) and hypothetical cases submitted to members of the School of Nursing of the University of Iowa for their own opinions and conclusions.

Case 1. (Iowa, 1910): Reynolds vs. Smith, *et al.* "A physician is not responsible for the acts of nurses and internes in a hospital in dressing wounds of a patient therein, operated upon by the surgeon, where they are not his employees, unless he is negligent in permitting them to do so." (See 48th Iowa Reports, pages 264 et seq.) Query: Who was responsible, provided the surgeon was not negligent?

Case 2. (Maryland, 1913): "An operating surgeon, who operated at a number of hospitals, was deemed not responsible for the negligence of hospital surgeons (internes probably) or nurses in dressing wounds on a patient, or looking after drainage tubes, (in which latter case the Titsell case recently decided by the Iowa Supreme Court seems to be a variation in the opinion of the Maryland Supreme

Court hereinpresented—Chase) on whom said surgeon had operated at an accredited hospital, *provided he had no knowledge of their negligent acts.*" (See Maryland Reports, pages 40 et seq.) What is your opinion as to the fairness of this decision?

Case 3. (Nebraska, 1914): "Where a hospital patient is treated by a physician not managing or controlling the hospital, he is not liable for negligence of nurses or internes, provided he had no personal knowledge of or connection with any negligent act." (See 96 Nebraska Reports, pages 648 et seq.) Observation (Chase): In this case the physician was discharged as a co-defendant and the hospital, the Omaha Maternity and General Hospital, was assessed heavy damages.

In the statement of facts by the court it appeared the deceased patient had been allowed too great freedom of the ward and corridors for one in his condition—greatly lowered mentality—by the attending nurse, and the full knowledge of the supervising nurse of the ward. Also some very serious admissions as to the latter's knowledge by the latter of the former's inattentiveness were very damaging to the defendant hospital. Query: What would you have done in this case, first of all, (the cause of the patient's death was due to his wandering into the floor dispensing room and helping himself to some bichloride tablets)?

* * * * * *

Case 8. (Nebraska) Broz vs. Maternity and General Hospital.

The outstanding facts in this case were that a patient by name of Broz, who had been for some time slightly mentally deranged, was committed to the defendant hospital by one Dr. M., his brother-in-law, by whom he was being treated.

While in said hospital patient was shown to have been given permission to roam at will about the ward of the hospital to which his room belonged. Upon one of his excursions about the same, unattended and unobserved, he wandered into the ward drug-room and seeing some medicine, in tablet form, of different color from those he had been taking for some time, and of which he "had become tired," as he later informed Dr. M., when questioned by him as to what he had been doing, and where he got the tablets he had used, which proved to be bichloride of mercury, from taking which he subsequently died.

Dr. M's testimony was helpful in fixing the blame for the manslaughter which had occurred as a result of the negligence of the attending nurse. Said he: "I asked the head nurse what had happened to cause the patient's condition. She replied, that Mr. Broz had taken poison and that it was bichloride. I asked her how she knew. She replied, 'By the symptoms.' I asked her how he got it. For reply she requested me to go to Mr. Broz's room and ask him how and where he got it. I did so and learned from Mr. Broz (what appears in the preceding paragraph). Returning to the head nurse I reported to her what I had learned, to which she replied, 'I thought so.'" Judgment in heavy damages was rendered against the defendant hospital. Appeal was made to the Supreme Court of the state and judgment was affirmed. Query: "Who was primarily to blame in this case?"

Case 9. (Iowa) Haas vs. Morton and Morton.

Facts upon which action for damages was based: Patient, a woman upon whom a laparotomy was done by defendant surgeons, in a "borderline" hospital (one in which both free and for-profit services were rendered). After the operation the patient was placed upon a hospital carriage consisting of two large central rubber-tired side wheels and two small rubber-tired wheels, one at each end of the carriage. Thus placed, and while yet under the influence of the anaesthetic, the patient was wheeled out of the operating room by an attending nurse, accompanied by the junior defendant surgeon.

As the carriage carrying the patient neared the door of the elevator shaft it was observed that the elevator was below. The nurse started toward the shaft to bring it up to their floor, but was told by the accompanying doctor that he would see to it. The nurse, however, observing the doctor was unable to bring it up, left her charge and approached the elevator shaft in order to assist. While so absent, the patient beginning to rally slightly from her anaesthetized condition, moved enough to start the wheeled carriage toward the elevator. The carriage moved swiftly, after being once in motion, owing to the pitch from the large side-wheels to the small end-wheels and, before either the nurse or doctor could intercept and stop it, pitched downward into the shaft with the patient, a distance of many feet. Judgment was rendered in heavy damages against the defendant surgeons. Appeal was made to the Supreme Court of the state which affirmed the same, with one of the justices, however, dissenting.

Reorganization of a Nursing School in Siam

SOME effective efforts have been made in Siam to establish schools of nursing and, as evidence of the desire for more and better nursing, several young Siamese women have in past years either come to the States or have gone to the Philippine Islands to secure their training and have returned to their own country to direct these schools. About two years ago a survey of the nursing situation in that country was made by Alice Fitzgerald for the Division of Studies of the Rockefeller Foundation, and perhaps this served further to stimulate the interest of the Siamese government in the matter.

After two years of careful thought, plans have so far matured that a Director of Nursing and an Assistant have been selected at the request of the Siamese government to go to Bangkok to direct the reorganization of the Siriraj school, connected through the Siriraj Hospital with the Chulalongkorn University. This decision is due in part, at least, to the fact that the medical school of that University is being reorganized under a staff of visiting medical men directed by Dr. A. G. Ellis, and it must have seemed obvious that the reorganization of the two schools must go hand in hand. Having come to this conclusion, the Siamese government asked for the coöperation of the Rockefeller Foundation, and this has made possible the selection of Alice Fitzgerald for the post of Visiting Director of the school, and of her Assistant, Agnes Meyer, who will go to Siam on a three years' contract with the Siamese government. Doctor Ellis will coördinate the medical school and the nursing school activities, which seems an ideal arrangement of its kind, and Miss Fitzgerald will act as his assistant in all matters pertaining to nursing education. The Siamese people who are interested in the scheme, and who have in different ways made its realization possible, will either as members of the hospital or school committees, or as individuals, play an important part in assisting Miss Fitzgerald to carry out the program of reorganization.

Pasadena's Efficiency

RACHEL TORRANCE, R.N., having pioneered greatly and having assisted with the care of the victims of the Wall Street Explosion and of the "blowing up" of a church in Sophia, Bulgaria, may certainly be said to have been a competent witness of the disaster of which she was a victim when a grandstand in Pasadena gave way during the Tournament of Roses on New Year's Day. Miss Torrance pays high tribute, in the St. Luke's (N. Y.) Alumnae Bulletin, to the calm and highly efficient way in which Pasadena handled the disaster. Of the Pasadena Hospital she says, "I was impressed by the quiet sure way in which all was being done. Eighty patients occupied a wing which had been empty since last May and I saw it being operated as though it were usually full of wounded people. I had noticed some few things lacking but had heard not one word from the personnel about how hard it was to make things go in an emergency. In the course of the first two days, members of the Board visited personally every patient!" . . . "All Pasadena as well as part of Los Angeles has done everything possible to help the victims. Especially does the place of 215 capacity, that cared for 235 wounded the first day and kept 114 in bed, deserve the name 'hospital.'"

Edith Camp

THE magazines and newspapers at this season are so full of alluring advertisements, urging us to make plans for our summer vacations, it is not surprising that most of us are allowing our thoughts to stray occasionally in that direction. Railroad companies, hotels, steamship lines, the western ranch, the backwoods camp, and the lake, mountain or seaside resort, all make their claims on our attention and bid for our patronage. Even the little old Ford furnishes to some of us a reminder and a promise of a rattling good time to be had on the open road. In fact, if we do not budget our time and money, so as to provide for the definite period of rest, change or diversion that is our particular need, we are not meeting our full responsibilities to ourselves.

No group of individuals needs to consider the vacation problem more carefully than the nurse. We need fresh contacts, new interests, a broader vision and renewed strength if we are to function to full capacity in the sick room. Books, music, the companionships of stimulating friends, and scores of different hobbies and diversions help us to carry on throughout the year, but with the coming of spring most of us begin to look forward with very definite yearnings toward that all too brief period when we may enjoy a complete relaxation from our duties.

As we make our plans for the coming season we cannot but revive memories of past vacation pleasures. There is a charming little spot on Long Island Sound which will come to the minds of more than one of us as we recall these playtimes of yesterday. The place is known as Edith Camp, situated on Belle Island, near South Norwalk, Connecticut. For more than thirty years it has welcomed nurses to its delightful comforts and to those of us

ALICE LODGE FROM THE VERANDAS OF THE OLDER BUILDING

who, season after season, have shared its hospitality, the name Edith Camp spells home. It has in fact been a sort of foster home for the nurses of Bellevue Hospital Training School of New York City, for whose particular pleasure the camp was founded, but it has been enjoyed by many nurses from other schools and by friends outside the profession, most of whom have developed in no less degree a genuine affection for the place. All who have gathered about the fireside at Edith Camp count themselves as its adopted daughters.

Belle Island snuggles so close to the Connecticut shore that the intervening waters are spanned by a bridge. The easy accessibility of the place by train, trolley, motor and boat, is one of its many advantages. Many other summer homes are located on the island, but those of us who have tramped over the entire ground and have followed some of the trails on the adjacent mainland, are convinced that there is no more lovely situation in that vicinity than our camp occupies.

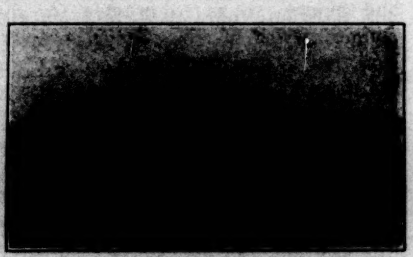
The place was given for the use of the nurses as a memorial to Edith Fish Northcote, by whom the house was originally planned and built for a summer fishing lodge. As a bride, she spent many happy days there and her love for it led her to conceive the idea that at some time its beauties and comforts should be shared by others. Her

death, following the birth of a baby boy, prevented her from carrying out this generous impulse herself. Nevertheless, because it was her wish and because of his own appreciation of the devoted care given to his wife during her illness, Mr. Northcote turned over the property to the President of the Board of Managers of the Bellevue Training School to be used as a place for recreation and rest by the nurses. Edith Camp has ever since been controlled by this capable group of women and much of the pleasure which we find there is due to their wise planning and management.

Hugh Northcote, the son left motherless by Mrs. Northcote's untimely death, later grown to manhood, added to his parents' gift a substantial endowment, the income of which helps to maintain the camp. Although he is a resident of England, he returns occasionally to the States and during his visits here he never fails to go to Edith Camp and shows in this and other ways his continued interest in its welfare.

The original house stands on an elevation close to the water's edge, its verandas and many-paned windows commanding an unhampered view of the sound. It is a plain sturdy structure with clapboarded walls, supported by substantial beams. The vine-covered porches, the tiny arbor at one side of the house, and the shutter blinds which are thrown open in friendly welcome, all serve to relieve the severity of line. Approaching the place, one gets the impression that it is not merely a house, but a truly lived-in home, and the impression is emphasized as one enters its doors. The rooms are very homelike and it is not difficult to understand why the place was so dear to the sweet-faced little woman whose picture, showing her dressed in her bridal gown, hangs in the living room.

Several years ago an additional building was erected on the grounds by Mrs. William Church Osborn, president of the Board of Managers of Bellevue Training School, one of the most generous and loyal friends of its nurses. This house, named for its donor and known as Alice Lodge, is of modern frame and stucco construction. It furnishes a pleasing contrast to the older dwelling, contributes to the attractiveness of the camp, and makes it possible to house a larger number of guests. From twelve to eighteen can now be accommodated at once. This makes a group not so large as to spoil the friendly atmosphere which pervades the home and yet large enough to keep the place from dullness.



EDITH CAMP AS IT APPEARS FROM LONG ISLAND SOUND

It has been the policy of the Board of Managers to have a graduate nurse for camp hostess. The fact that she is one of us and knows nurses, recognizes our needs, shares our tastes and understands our problems, adds to our sense of hominess when we are guests there. Ruth Pentland, a Bellevue graduate and an officer in the Alumnae Association, has presided over the camp for the past two seasons, providing amply for our pleasure and comfort during our visits.

It is not only for the warm welcome, the comfortable shelter and excellent food, or the companionship of understanding fellow workers that some of us look forward to returning to Edith Camp each season, but it is because we feel a kinship for the whole setting.

The camp is surrounded by a wealth of regenerating forces which leave their impress upon us.

No organized effort is made to supply diversion to the guests at Edith Camp, yet they find it, aplenty. Perhaps it is this very informality which gives the place its greatest charm. Some get their chief enjoyment from merely lounging on the broad verandas, catching up with the long-put-off reading, while others busy themselves with sewing. Sometimes we make up a table or two for cards, while the more ambitious members of our group are off for a hike or a sail. Few, if any, can resist the lure of the water, and each day finds some in bathing suits ready for a swim. Now and then we try our skill at rowing. We are all looking forward to the time when Edith Camp may be rich enough to own its own motor boat, but for the present there are plenty of available craft for hire, and the larger excursion boats offer trips to near-by places of interest. Roton Point, an amusement park not far from camp, provides a more lively form of diversion for those who tire of the simple life, and the beaches and summer hotels also invite occasional pilgrimages.

For most, however, the charm of Edith Camp lies in its quiet restfulness, its homely hospitality, the beauty of its setting and outlook. Surely the dream which Edith Northcote had of having others share her little home and love it as she did has come true.

Basic Menus for Calculating Diets

By Bertha M. Wood

WHEN calculating diets for the same patient from day to day, it is often difficult not to repeat the foods given. Moreover, it saves much time if a number of daily menus are calculated from which to choose, or which may be used consecutively. For these reasons the following basic menus have been found helpful:

No. 1

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Grapefruit	150	1	12	--
Eggs, 2	--	14	--	10
Dinner				
Lamb chops	80	16	--	16
Tomatoes	100	1	4	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Pineapple	70	--	7	--
Supper				
Sardines	40	9	--	8
Spinach	100	2	3	--
Apple snow—				
Apple sauce without sugar	50	--	10	--
Egg white, ¼	--	1	--	--
Total	--	50	45	99

No. 2

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Orange	100	1	12	--
Eggs, 2	--	14	--	10
Dinner				
Tenderloin, lean	70	15	--	2
String beans	100	1	4	--
Celery hearts	50	--	2	--
Prunes	25	--	6	--
with whipped cream	30	--	--	--
and sugar	2	--	2	--
Supper				
Cottage cheese	50	10	2	--
with cream	50	--	--	--
Asparagus	100	2	3	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Peaches	60	1	5	--
Total	--	50	45	77

No. 3

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Baked apple without sugar	85	--	13	--
Eggs, 2	--	14	--	10
Dinner				
Chicken, with skin	50	12	--	8
Salad—				
Tomatoes	50	1	2	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Cauliflower	100	2	3	--
Apricots	60	1	8	--
Supper				
Cream soup—				
Spinach	100	2	3	--
Cream	50	--	--	--
Tongue	55	11	--	13
Baby lima beans	100	1	3	--
Strawberries	60	--	4	--
Total	--	50	45	96

No. 4

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Cantaloupe	75	--	7	--
Egg, 1	--	7	--	5
Bacon	30	6	--	15
Dinner				
Flounder	80	11	--	1
Squash	60	--	6	--
Watercress	20	--	1	--
Bavarian cream—				
Cream	50	--	--	--
Milk	100	3	5	4
Egg, ½	--	3	--	3
Gelatine	2	2	--	--
Sugar	8	--	8	--
Supper				
Corned beef	40	11	--	4
Cold slaw	70	1	4	--
String beans	100	1	4	--
Grapes	50	--	7	--
Total	--	50	50	87

No. 5

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Grapefruit	50	1	4	--
Cornflakes	10	--	8	--
Eggs, 2	--	14	--	10
Dinner				
Baked ham	75	17	--	16
Spinach	100	2	3	--
Radishes	40	--	2	--
Orange jello—				
Orange juice	30	--	4	--
Pineapple	30	--	3	--
Gelatine, 1 teaspoon	--	3	--	--
Water, ½ cup	--	--	--	--
Supper				
Oyster stew—				
Oysters	100	6	3	1
Cream	50	--	--	--
Butter	5	--	--	--
Saltine, 1	--	--	2	--
Tomatoes	100	1	4	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Peaches	85	--	8	--
Total	--	50	50	92

No. 6

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Apple sauce without sugar	60	--	13	--
Eggs, 2	--	14	--	10
Dinner				
Lamb chops	60	13	--	18
Beets	100	2	8	--
Asparagus	100	2	3	--
Oil or mayonnaise	10	--	--	10
Apricot whip—				
Cooked apricots	25	--	4	--
Cream	30	--	--	--
Supper				
Cold salmon	40	9	--	5
Green peas	80	3	8	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Raspberries	50	1	5	--
Total	--	50	50	108

No. 7

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Orange	120	1	14	--
Eggs, 2	--	14	--	10
Dinner				
Squab, 1	50	10	--	13
Parsnips	80	2	10	--
Celery hearts	50	--	2	--
Pumpkin custard—				
Pumpkin	30	--	3	--
Cream	30	--	--	--
Egg, ½	--	3	--	3

Supper

Cream soup—				
Carrots	50	1	3	--
Cream	50	--	--	--
Sardines	50	12	--	10
String beans	100	1	4	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Pineapple	50	--	5	--
Total	--	50	50	101

No. 8

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25

Breakfast

Grapefruit	150	1	12	--
Egg, 1	--	7	--	5
Bacon	40	8	--	20

Dinner

Tenderloin, lean	70	15	--	2
Onions	100	1	5	--
Tomatoes, sliced	100	1	4	--
Cantaloupe	60	1	5	--

Supper

Baked spinach—				
Spinach	100	2	3	--
Egg, 1	--	7	--	5
Salad—				
Cold slaw	50	1	3	--
Lettuce	20	--	--	--
Mayonnaise	15	--	--	15
Apple snow—				
Apple sauce without sugar	50	--	10	--
Egg white, ¼	--	1	--	--
Total	--	50	50	102

No. 9

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25

Breakfast

Pears	100	1	14	--
Eggs, 2	--	14	--	10

Dinner

Veal	60	15	--	6
Carrots	100	1	6	--
Lettuce	50	1	1	--
Oil	10	--	--	10
Peaches	60	1	5	--

Supper

Chicken salad—				
Chicken	40	10	--	1
Celery	50	--	1	--
Mayonnaise	15	--	--	15
Lettuce	20	--	--	--
Olives	30	--	3	6
String beans	100	1	4	--
Grapes	60	1	8	--
Total	--	50	50	103

No. 10

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25

Breakfast

Orange	120	1	14	--
Eggs, 2	--	14	--	10

Dinner

Fish chowder—				
Cod or haddock	75	14	--	1
Celery	30	--	1	--
Onions	10	--	1	--
Carrots	30	--	2	--
Cream	50	--	--	--
Butter	10	--	--	--
Tomatoes, sliced	100	1	4	--
Grapefruit	70	1	6	--

Supper

Oysters on the half shell, 6	--	6	3	1
Tongue	25	5	--	6
Asparagus	100	2	3	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Prunes	30	--	7	--
with whipped cream	30	--	--	--
Total	--	50	50	83

No. 11

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25

Breakfast

Apricots	100	1	13	--
Eggs, 2	--	14	--	10

Dinner

Lamb chops	65	14	--	20
Baby lima beans	100	1	3	--
Beets	85	2	7	--
Oil	10	--	--	10
Pineapple	70	--	7	--

Supper

Egg and cheese souffle—				
Egg, 1	--	7	--	5
Cheese	10	3	--	4
Cream	30	--	--	--
Spinach	100	2	3	--
Cantaloupe	100	1	9	--
Total	--	50	50	104

No. 12

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25

Breakfast

Baked apple without sugar	100	--	15	--
Eggs, 2	--	14	--	10

Dinner				
Duck with skin	65	13	--	16
Cauliflower	100	2	4	--
Lettuce	50	1	1	--
Oil	10	--	--	10
Strawberries	100	1	7	--
Supper				
Cream soup—				
Tomatoes	100	1	4	--
Cream	50	--	--	--
Cold sliced ham	40	9	--	8
String beans	100	1	4	--
Orange jello—				
Orange juice	30	--	4	--
Peaches	30	--	3	--
Gelatine, 1 teaspoon	--	3	--	--
Water, ½C	--	3	--	--
Total	--	50	50	99

No. 13

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Grapefruit	150	1	12	--
Eggs, 2	--	14	--	10
Dinner				
Tenderloin, lean	70	15	--	2
Tomatoes	100	1	4	--
Oil or mayonnaise	10	--	--	10
Squash	70	1	7	--
Apricot whip—				
Cooked apricots	25	--	4	--
Cream	30	--	--	--
Supper				
Egg, 1	--	7	--	5
Bacon	15	3	--	8
Carrots	100	1	6	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Blackberries	100	1	8	--
Total	--	50	50	100

No. 14

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Orange	120	1	14	--
Eggs, 2	--	14	--	10
Dinner				
Lamb stew—				
Lamb	50	13	--	5
Peas	20	1	2	--
Carrots	10	--	1	--
Onions	10	--	1	--
Butter	10	--	--	--
String beans	100	1	4	--
Watermelon	70	--	5	--
Supper				
Cold chicken	40	10	--	7
Asparagus	100	2	3	--
Salad—				
Cucumber	60	1	2	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Peaches	100	1	9	--
Total	--	50	50	81

No. 15

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Pears	100	1	14	--
Eggs, 2	--	14	--	10
Dinner				
Salmon steak	60	13	--	8
Spinach	100	2	3	--
Beets	60	1	5	--
Oil or mayonnaise	10	--	--	10
Pineapple	60	--	6	--
Supper				
Tomato bouillon—				
Tomatoes	100	1	5	--
Seasonings	--	--	--	--
Tongue	40	8	--	9
Summer squash	100	2	3	--
Olives	20	--	2	4
Custard—				
Egg, ½	--	3	--	3
Cream	60	--	--	--
Sugar	4	--	4	--
Total	--	50	50	99

No. 16

Day's Supply	Grams	P	C	F
Cream, 20%	150	5	8	30
Butter	30	--	--	25
Breakfast				
Cantaloupe	150	1	14	--
Eggs, 2	--	14	--	10
Dinner				
Pork chops	70	12	--	14
Tomatoes	100	1	4	--
Lettuce	50	1	1	--
Oil or mayonnaise	10	--	--	10
Apple snow—				
Apple sauce without sugar	50	--	10	--
Egg white, ¼	--	1	--	--
Supper				
Oysters on the half shell, 6	--	6	3	1
Corned beef	30	8	--	3
Baby lima beans	100	1	3	--
Celery hearts	30	--	1	--
Prunes	25	--	6	--
with whipped cream	30	--	--	--
Total	--	50	50	93

By substituting or adding different foods or by increasing or decreasing the quantities given, these menus may be used for different prescriptions and to meet different diagnoses and at the same time give variety and save time.

The advantage of weighing out the cream and butter for each day is a saving in time. The cream may be placed in a glass and the butter in a small dish, then used throughout the day, as needed, in or on foods.

How to Become a Nurse

[What a wealth of applicants our schools of nursing would have for their fall classes if all high school students, like those in Williamstown, West Virginia, had vocational classes such as those which inspired "What I Should Like To Be" or vocational talks such as are given by the very active publicity committee of District One of the Pennsylvania State Association! This Committee sends a vocational speaker to all local high schools and circularizes those in the country, using freely "The Challenge," the excellent leaflet on nursing schools prepared by National Nursing Headquarters and the Red Cross, and this year it crowned its efforts with the Radio Talk by Harriet Frost.—EDITOR.]

I

What I Should Like To Be[1]

BY LUCIA GREEN

I HAVE always wanted and hoped to be a nurse, one in a large hospital full of all kinds of people and natures. To see, study and help all kinds of different characters would be a delightful and not an irksome occupation, to me, at least. I think, to know that I had helped to save some one's life or to make their burdens lighter in any way would be so invigorating a thought that it would help me to look above the petty menial duties that must be in a nurse's life. Besides, there would in each day be many joys, such as sharing the happiness of a patient in recovering health, taking care of little children, or helping to brighten some sad face by cheery words and deeds, so that no day would seem too long to me and no task too hard. Thus, all the happy, beautiful things in my work would combine to make the weary, monotonous trials easier.

When I was a small child I always liked to bandage cut fingers or to heal splinter wounds, and I like to do it still, only now I feel as if I should like to heal deeper wounds than those; perhaps it is meant to be my work. I think the principal reason why I would like to be a nurse is that I desire to alleviate all the suffering I can, and to try to make the world happier and more peaceful to those who have suffered.

I must test myself, on this score, by doing, day by day, that which falls to my hand to do, and when my opportunity comes, I shall be ready.

[1]Written by a freshman in the Williamstown, West Virginia, High School Vocational Class, and forwarded to the *Journal* by an interested county nurse.

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II

A Radio Talk

BY HARRIETT FROST, R.N.

DIDN'T I hear one of you girls say the other day, "When I finish high school I am going to be a trained nurse?" Well, I was glad to hear you say that for many reasons.

First. Because it will satisfy your desire to be of some real use in the world. Every day of your life you will be helping to make people better and healthier and happier. It is a life full of interest and variety, because you are dealing with people and not just with things.

The enthusiasm which nurses have for their work shows what a tremendous grip it has. Have you ever noticed how rare it is to hear of a nurse giving up her work and going into anything else? Even the ones who

marry are apt to slip back into nursing the very first chance they get.

Second. It will always keep you *busy* and there is no danger of overcrowding the nursing profession. In fact, we never seem able to get enough nurses. So many times this winter you have heard people say, "My family is all sick and we need a nurse just terribly, but do you think we can get one for love or money?" This sounds strange when you hear that there are about 150,000 trained nurses in this country and that every year about 15,000 new nurses are graduated. The reason we keep on needing more and still more nurses is not because more people are getting sick. In fact, so many diseases are being cured and prevented that we are having *fewer* sick people every year. The demand for nurses is because so many new things are opening up each year for nurses to do. While their chief job is still to take care of sick people, they are also busy trying to keep people from getting sick, and this is what helps to make nursing such a *thrilling* job.

Third. It is a well paid profession and of course we should think of that side too. You will find in this respect nursing compares very favorably with other occupations for women.

Fields of Nursing

PERHAPS the most remarkable thing about nursing today is the great variety of fields which it presents for one's choice. Just let me tell you some of the things nurses are doing.

First. We have the nurses who stay in hospital work. This may be as superintendent of the hospital, or directress of nurses, or head nurse of a ward, or operating room, or instructor, if one likes to teach. These are the nurses you see in white uniforms in our hospitals.

Second. We have the Private Duty nurses who come to our homes to stay when anyone is sick. One of the finest things about this kind of nursing is the close contact with families in time of trouble and the consequent opportunity for real service and often for lasting friendship. These nurses also wear white uniforms.

Third. A third group is Public Health nurses, of which there are many kinds such as: Visiting Nurses, who go from house to house and take care of all kinds of sick people in their homes, and teach people how to prevent sickness. They also have special opportunities for helping people in many ways besides actual nursing. These are the nurses you see going about all parts of the city in their dark blue uniforms, or in some communities in the grey uniform of the Red Cross public health nurse. Another kind is the Child Health nurse whose business it is to keep the babies and little children well. In Philadelphia you will recognize these nurses from the city health centers by their grey uniforms. We also have School nurses who look after the health of the school children; Industrial nurses; Tuberculosis nurses and those from other clinics and dispensaries.

Many forms of social service are now being done by nurses with special preparation for it. The Army and Navy and the Red Cross give opportunity for service at home and abroad and the Red Cross enables all the above groups to help in time of war or disaster. You remember during the World War how eager every one was to help take care of the sick and wounded, but only those who had the preparation were given the privilege. Home and Foreign Missionary work makes a strong appeal to many and calls for an increasing number of nurses each year.

But remember, before you can do any of these interesting things you must go to a hospital and have three years of training, and after that perhaps extra training for some of the special fields. How should you start about it, you ask?

Well, here are three things to do:

1. Stick right at what you are now doing—that is, keep on with your studies until you have finished high school. This is the first step, as you will need everything you can possibly learn as a foundation for your nursing education.

2. Then choose carefully a good hospital which has a good school of nursing. Don't choose your hospital just because you happen to know a doctor who operates there, or because your father knows some one on the Board of Directors, or because you happen to like the uniform the nurses wear. None of these is a good reason. Choose your hospital because it has a *good* school of nursing. Since it is not always possible for an inexperienced person to judge of that, the Red

Cross has prepared some leaflets giving you a list of questions you should ask and the answers you should receive about any school you wish to enter. You can secure these by writing to the National League of Nursing Education, 370 7th Avenue, New York.

3. When you have decided upon a school of nursing, and what is equally important, the school has decided to accept *you* (for the best ones are decidedly choosey), stick to it until you have finished your training and are a full-fledged graduate nurse.

Now, after listening patiently to all of this, do I hear you say, "I want to be a nurse but my parents won't let me because I might 'catch' some disease." Well, nurses are the safest people in the world from catching disease, for they are taught to protect themselves and others.

Another one says, "Because it's such hard work, I might not be able to stand it." Well, it is hard work, but most nurses come out of training healthier than they went in. The regular hours, good hygiene and the absorbing interest of the work contribute to this. Also it is the business of a nurse nowadays to be healthy, so she can inspire and help others. Somebody else is saying, "But isn't it depressing to be so much with sick people?"

It would be if you just had to sit and look at them, but there is always something you can do to help and that is the most inspiring thing in the world. That is why nurses are not sad, but are happy people.

Now, a last, very interesting and unique thing about nursing is that if, after three years of training, you should decide to marry, you will find that the time has not been wasted. On the contrary, you will have had the best possible training for the oldest and noblest of all professions—that of home making.

Physical Therapy

The Relation of Physical Therapy to Medicine[1]

By Marion H. Bentley

WEBSTER'S dictionary defines physical therapy as the treatment of disease by natural forces, such as light, heat, air, water, etc. The modern interpretation, as it is accepted at the present time, is the scientific reëducation of physical tissues by means of muscle training, massage, heat, light, water, and certain forms of electricity; thus establishing new habits in order to perform normal function.

The preliminary education for a competent physical therapy technician is a problem of the greatest importance in view of the present-day developments. First of all, she must be a graduate of a high school, and, of course, if able to give the time and money to college work, it enables the individual to have the background which helps to make her future technical training one of merit. If unable to go to college, the next best step is a special school of physical education, such as the Sargent School of Physical Education in Boston, which gives good theoretical and some practical training; i. e., three years in the fundamentals of medicine. A recognized school for nurses is also a fine preliminary educational step before entering the special school for physical therapy. These schools are now established in different sections of the country, such as Leland-Stanford University, California, and Columbia University, New York. In this connection, an article appearing in the *Journal of the American Medical Association* for January

[1] Read before the Louisiana League of Nursing Education, February, 1926.

23, 1926, by Dr. Morris Fishbein, the editor of the *Journal*, in discussing the Council for Physical Therapy, makes the following appropriate statement:

> An investigation of the curriculums of medical colleges indicates that but few are ready to give courses in this branch of medical treatment. A survey of the hospitals of our country finds few of them adequately equipped with physical therapeutic apparatus; many are supplied with obsolete and inefficient, perhaps sadly rusted and degenerated, types; still others, equipped in the heyday of some lax political appropriation, present whole edifices devoted to intricate apparatus, both good and bad, which lie idle because of the lack of competent men and women to manipulate them. In this situation the practitioner and physical therapy technician turn naturally to possible sources of information. . . . .
>
> Contrast with the flaming promulgations of commerce, the modest announcement of the course in physical therapy offered by Columbia University, which I select merely as a local example. Here is no blatant shouting of unsual virtues; merely the statement that the course has been planned for licensed practitioners of medicine only, that it includes six weeks of daily clinical work together with suitable lectures, and that it is offered to provide a working knowledge of the subject. Here is no announcement that physical therapy will bring to the practitioner taking the course extraordinary and increasing fees; no statement that the use of these electrical devices will win for him such practice as is now secured by self-advertising cultists; no inducement on the grounds that the flashy apparatus, issuing dazzling sparks and quivering rays, will attract to his books the misguided morons who are unable to distinguish between sense and sensibility. Here is the contrast between science and charlatanism.

The ethical practice of physical therapy is very essential in preserving the high standards of the work, and it should be kept in mind by all who engage in its practice that one should be as conscientious in carrying out the treatment as prescribed by the physician in charge of the case, as a pharmacist is expected to be in filling a prescription when certain definite substances are ordered. If one loses sight of the ethical standards of her work, she not only lowers the standards of her efficiency but soon loses the confidence of her associates and will find herself gradually drifting into the objectionable class of people commonly known as quacks or charlatans. If one preserves these standards of ethical conduct with the utmost care she will never have cause to want the support and coöperation of the medical profession and her confreres in the allied branches of medicine.

Physical therapy has always held an important place in the therapeutics of disease but has lost caste in past years because people of insufficient education, ulterior motives and loss of any ethical sense have attempted to overstep the bounds of real science by its improper use and, instead of increasing the confidence of the profession in its use, have killed the goose that laid the golden egg. More recently, since scientific men and women have assumed the correct attitude toward developing the proper use of physical therapy, has it really begun to come into its own. It has developed to such an extent that it would be impossible in this short time to detail the different modalities and methods of use.

Physical Therapy Applied

THERMOTHERAPY, or heat, applied by baking, deep therapy lamps and diathermia; hyperemia, accomplished by the above and by massage, active and passive motion, pave the way to normal function after industrial injuries, being an economic necessity in order to obtain the best possible results in the shortest possible time with the minimum degree of disability. Fractures, sprains, dislocations, peripheral nerve injuries, and fibrous ankylosis; neuritis, synovitis, periostitis, and osteomyelitis; infantile paralysis, arthritis, and bursitis, are a number of the common conditions treated in physical therapy departments.

Muscle training is essential in the after-care of infantile paralysis, in peripheral nerve injuries and postural strains, principally of the back, and is of undeniable value and constitutes a large part of physical therapy treatment.

A hydrotherapy department is also an important branch of phyical therapy. It is of value in toning up general metabolism, for nervous patients, and is an excellent preliminary treatment to massage and manipulation, nerve injuries and conditions with lowered circulation and nutrition.

In a recent talk before the American College of Surgeons, Doctor Crile spoke of the value of diathermia in severe gall bladder disease where prolonged operations permitted the abdomen to remain open for such a long time that death occurred from the lowered temperature of the liver, which contains one-third of the blood supply of the body. By applying diathermia to the section including liver and large vessels before, during and after the operations, the body heat is preserved and mortality greatly reduced. The quartz mercury or ultraviolet lamp is another important appliance used in the treatment of tuberculosis, rickets, empyema, psoriasis, eczema, and other skin conditions.

Physical therapy departments are gradually being established in general hospitals, out-patient departments, and private offices. Infantile paralysis clinics are also organized by state authorities for the after-care and follow-up of these cases. To quote from Doctor Fishbein's article:

> The Council on Physical Therapy, as has been intimated, is confronted by problems not nearly so difficult as those which confronted the Council on Pharmacy and Chemistry in many of their phases. After all, the possible devices to be studied are developed slowly and are limited by definite physical and structural limitations. Moreover, the new council has in the old an example as to procedure, which will permit the avoidance of the fumbling, experimental steps, the trial and error methods, that were necessary in the development of the Council on Pharmacy and Chemistry. The plans which the Council outlined in its preliminary meeting included the publication of a series of articles defining the present status of actual knowledge in this field. These articles are to be prepared through coöperation between the members of the Council, the editorial staff of the *Journal*, and all the experts in the field of physical therapy on which the Council hopes it may call with success for contributions. Effort will be made to edit and prepare this material in such form that the finally published statements will present that which is established by undoubted scientific evidence.
>
> Those who are proficient in the physical side of electric therapy realize that it is relatively simple to determine whether or not electrotherapeutic apparatus is constructed according to the specifications set forth by its manufacturers, as to whether or not the various devices will deliver the amounts and the kinds of current claimed for them in the literature. The great difficulty will inevitably arise in the interpretation of the clinical evidence. To this interpretation the Council will apply itself particularly, endeavoring, in the absence of properly controlled observations, to see that they are made in well conducted departments of physical therapy in established schools and hospitals. And physicians may be assured that the filtrate of truth, passing through this filter of scientific judgment, will be a clear and sparkling fluid, free from noxious matter and visible dirt, almost as potent perhaps as the claims made for waters in jars containing radium ore or as that in swimming pools treated with the ultraviolet ray. What a contrast that would be to the muddy waters of doubtful knowledge in which the practicing physician swims today.

It can be seen from the above that physical therapy is probably a most essential branch of medicine, and the breadth of its scope offers to the practitioners and specialists in medicine a reliable and efficient means of treating and curing disease. It bears the same important relationship as pharmacology, nursing and psychology. As its methods become more standardized and its workers more reliable and efficient, its importance will grow and it soon will be unnecessary to call its value to the attention of such a body as this.

A Practical Croup Tent

WHEN it is desired to give the patient prolonged inhalations of moist warm air, quite a satisfactory croup tent may be arranged with the usual sick room equipment.

Two screens (3 panelled variety) may be placed about the head and sides of the bed, and covered with a blanket and sheet which are stretched tightly over the top and sides. The blanket is used as an inner covering and provides a surface for the absorption of moisture and thus prevents the dropping of condensed steam on the patient. The covering may be fastened with pins or thumb tacks. The croup kettle and electric plate are placed at the side of the bed with the spout extending into the tent, but not near enough to burn the patient.

To Special Duty Nurses

THE hospital has a very real obligation to the special duty nurse. When she comes in she should feel she is welcome, that she has protection, that she will be treated with courtesy and consideration, that her questions will be answered, that her requests for her patient will be promptly met, that she can get adequate supplies, that floor help and relief will be graciously given her when needed, that if she is having a difficult time with her patient, she may appeal to some one in the school office for help or advice, and that she will be listened to with understanding and consideration. She should have good food. The hospital should be of such standing that she will feel she can become identified with it and not do an injustice to the standards of her own school.

MARY ELEANOR MING,
in *Pacific Coast Journal of Nursing*.

EDITORIALS

Opening Day of the Health Congress

NEVER before has there been a Health Congress so splendid an expression of coöperative health effort. Since many of the stay-at-homes are waiting eagerly for news, the pages of the *Journal* were held up for two days, in order that the high lights of opening day, at least, might appear in this issue. Hundreds of delegates and members of the sixteen participating organizations have poured into Atlantic City, making "The Playground of the World" temporarily the Health Capitol of the Nation.

A fine spirit of camaraderie pervades the throng and gay greetings are heard between the occupants of rolling chairs and the more energetic pedestrians on the Board Walk, as they move along between meetings and enjoy the booming of the surf.

Music Hall, on the Steel Pier, in which the major meetings were held, is approached through the long lanes of alluring and educational exhibits.

The three nursing organizations, after two days of preliminary Board and Committee meetings, have held their initial business sessions. The mass of painstaking volunteer work represented by many of the reports of officers and committees, reminds one yet again of the marvellous selflessness and devotion of many of our women. An outstanding example of this sort, was the report of the Education Committee of the National League of Nursing Education, on the revision of the curriculum, so long under way and now nearing completion. Other matters of consideration by the League, were the interesting reports of Headquarters' activities, such as the Calendar sale which provides such a generous portion of the annual budget and the continuance of the Placement Bureau. Reorganization has already proved a stimulus to membership, since 686 of the 2,249 members are new members who have come in through the State Leagues.

The most important matter before the National Organization for Public Health Nursing, was consideration of Miss Gardner's splendidly comprehensive report of the study which she has been conducting over a period of several months, of the objects, personnel, activities and trends of the organization. Her searching analysis indicated complete justification for the existence of the organization, through the three periods of its development. She raised searching questions as to its further development, indicating the possibility of divorcing professional and service activities, and the consequent possibility of desirable affiliations with other organizations. A matter of importance to all *Journal* readers, was the recommendation that the study of the possibility of amalgamating the *Journal* and the *Public Health Nurse* into one very strong professional magazine, be continued.

Music Hall was well filled with well over a thousand delegates and members of the American Nurses' Association, when Miss Eldredge's gavel brought the meeting to order. Report followed report from officers and committees; one of the newer pieces of work being the presentation of a tentative Code of Ethics.

At the formal opening session of the Congress in the evening, which was attended by more than twenty-five hundred members of the sixteen participating nursing and health organizations, Dr. Livingston Farrand, the fortunate choice for chairman, sounded the keynote of the Convention—"a union of forces" that might bring about the

fulfillment of a dream. This dream, as discussed by Dr. Lee Frankel, is that of a health council which shall assume leadership in all phases of disease prevention and in health work, leading perhaps, even to a unification of the federal health agencies.

Sir Arthur Newsholme, with forty years of distinguished public service behind him, stated that we have in each country the possibility of removing at least one-half of the present sickness and early mortality, and of securing for a majority of the population—

> Age is as the lusty Winter,
> Frosty but kindly,

and that "the moral and spiritual attitude constitutes the chief hope of the future in public health as in the other concerns of life."

The Fine Art of Nursing

DOES the modern system of nursing education produce good nurses? Often and often the question has arisen; over and over again have we reminded the questioners that no system of education or of anything else is 100 per cent efficient.

The achievement of the modern nurse, her actual contribution to the health and happiness of the world would be an "eighth wonder" could it be accurately measured and compared with some fixed thing like the earth's equator or the number of freight cars required to ship a definite commodity from New York to San Francisco, but—no way has yet been found for so measuring it.

Some of the relatively small proportion of real failures are undoubtedly due to faulty education, to under education rather than to over education, for one of the finest products of education is the development of judgment.

Our American passion for standardization and efficiency can be well demonstrated in nursing. Under education in nursing, the failure to establish sound principles on which to base judgment, shows up most clearly when a system built up in the interest of efficiency works a hardship to the individual patient.

Says one of our correspondents,

> Recently I have seen three shocking cases of toe-drop, two in children, one in a post-operative case—a patient about sixty-five years old, and all due to nicely rounded, tightly adjusted bedding.

Think of the unhappiness of the patient emerging from the hospital with a new infirmity substituted for that cured. Think of the work involved over a period of six months to restore function lost during an acute illness that had nothing whatever to do with the feet! Do these things happen frequently? Are they, perhaps, the source of that cry, "Nursing is not what it used to be?" Said the greatest of all nurses, "Nursing is the finest of the fine arts." Alas for the nurse—or the school of nursing—that fails to distinguish between such things as speedy efficiency in bed making and the fine art of making a patient comfortable. The point well illustrates some of the arguments over whether nursing is a trade or a profession. Nursing that sacrifices a patient's comfort to a smooth bed can have little claim to professional status—for the purpose of nursing, as is so well stated by Miss Harmer in her textbook, is "to bring health and ease, rest and comfort to the suffering mind and body." The well made bed is a *sine qua non* of good nursing but—"When is a bed well made?" Is it when it exactly conforms to the standard set for a ward or is it when the standard has been adapted to meet, as exactly as possible, the requirements of the particular patient occupying the bed? The argument reduces itself to a question of which is more important, the bed or the patient—a point that should be too ridiculous to require argument.

A Nursing Exhibit at the Sesqui-Centennial

WHEN the War for Independence was fought, there was no skilled or organized nursing service available for our tragically sick and wounded men, for modern or "trained" nursing did not exist. When the Sesqui-Centennial Exposition in Philadelphia opens, in July, to celebrate one hundred and fifty years of American freedom, a remarkable evidence of progress will be shown by the nursing exhibit placed in the Education Building by our national nursing organizations.

This exhibit is financed in a most democratic fashion by contributions made by the American Nurses' Association, the National League of Nursing Education, state organizations, schools of nursing and public health nursing organizations scattered across the country from coast to coast, and from Canada to the Gulf. The funds thus accumulated were supplemented in splendid fashion by a gift of $2,000 from a gracious donor who wishes to remain anonymous.

Stella Boothe, R.N., under the direction of a Committee appointed by the presidents of the three Associations, planned the charming and comprehensive exhibit which begins with the young woman graduating from high school and shows the development of the modern nurse in all her important variations. Anne Cooper aided her by producing, in settings which tell their own story, a beautifully artistic series of nurses, both student and graduate, which is truly lifelike.

Nurses who attended the Atlantic City Convention have had an opportunity to view the central unit of this exhibit which will be transported to Philadelphia and, when the Sesqui-Centennial is over, will be available for exhibitions in other places requesting it. The central portion only is planned for such use as the total exhibit will be much too large for any ordinary space.

This is the first time that nursing has been featured at an exposition designed to attract not only national, but international attention. It is believed that the exhibit itself and the literature which will be distributed in connection with it, will prove the most potent single force yet utilized to "tell the public about nursing."

Retirement Bill Passes

AS WE go to press, the Retirement Bill for Army and Navy Nurses wants only the signature of the President to become law and as President Coolidge has already signified his approval, it is expected that the signature will not long be withheld. Major Stimson and Miss Bowman, Superintendent of the Army and of the Navy Nurse Corps, respectively, have showered encomiums on the nurses of the country for the splendid way in which they supported the bill, especially through the state nurses' associations.

Nurses who have taken an active part in securing this legislation will want to send expressions of appreciation to some of the many Congressmen who have actively shown their friendship, among whom are Congressmen Fisher and Reece of Tennessee, Hill of Alabama, McLaughlin and James of Michigan, Curry of California, Blanton of Texas, Begg of Ohio, Morin of Pennsylvania, and Taylor of Colorado.

It is with a feeling of especial pride and appreciation that we record the splendid service of the women in Congress. Mrs. Florence P. Kahn of California and Mrs. Edith Nourse Rogers of Massachusetts gave active support and both spoke most eloquently in favor of the measure. In her speech, Mrs. Kahn gave nine cogent reasons why the bill should pass, while Mrs.

Rogers spoke feelingly out of her personal knowledge of the excellent service of Army and Navy nurses, gleaned as "personal representative in the hospitals" of both President Harding and President Coolidge.

We are told that the members of Congress were greatly impressed by the united support of the bill by the nurses of the country. Through this their official magazine, the nurses of the country express their thanks to all those who helped to bring about this wise and needed legislation.

At I. C. N. Headquarters

FROM an American point of view, nothing could have been more fitting than that Alice Fitzgerald should have been the first visitor to the office in Geneva that holds so much of promise for nursing throughout the world. Out of the wide knowledge gained in so many countries, as Edith Cavell nurse, as director of the nursing service of the League of Red Cross Societies, in the Philippines for the Government and the Rockefeller Foundation and in Siam as special investigator, Miss Fitzgerald speaks, not as a theorizing, but as a convinced and practising internationalist. When Miss Fitzgerald says, "It would not be possible to give Miss Reimann too much credit for her fine achievement in setting up the office of the I. C. N. in Geneva," we feel that the hard working Secretary of the I. C. N. has received a well merited accolade.

Miss Fitzgerald states that within a few short months excellent facilities for the collection and distribution of information have been established. The files already contain data on nursing from sixty countries, *only* sixty, as Miss Reimann modestly puts it. Actual working contacts have been established with the statistical department and with the wonderful library of the League of Nations. A mutual understanding with the International Labor Bureau has been brought about, an important consideration when one considers the increasingly active part both nursing and labor will take in matters of health and legislation.

That original Red Cross Committee established in Geneva in 1864 (not to be confused with the League of Red Cross Societies which has its headquarters in Paris) has been stimulated by common interests. In Geneva, too, is the headquarters of yet another organization of international scope and of particular interest to nurses, the Save the Children Fund.

The nurses of the world may well consider with pride their choice of location in a neutral country where friendly and mutually profitable association with world forces is possible. Located in the very heart of Europe, it will not be difficult for Miss Reimann to carry out her travel plans for the summer, for she contemplates visits to the northern countries including, doubtless, the Congress of the "Union of the North" in Stockholm and stopping in suffering Austria on her return. Later she is to be the guest of the Italian nurses.

It is pleasant to have the predictions of Miss Reimann's poise and efficiency in office and the many sided values of the location in Geneva confirmed by so experienced an observer as Miss Fitzgerald. As a participant in the International Council of Nurses, once again we congratulate ourselves on our good fortune.

Who's Who in the Nursing World

LVIII. V. LOTA LORIMER, B.S., R.N.

"Miss Lorimer of Ohio" exactly describes the woman who has consistently worked for the improvement of nursing and health conditions in her state. During the past twenty-five years she has been elected to serve in various capacities in the Ohio State Association of Graduate Nurses, was at one time its Field Secretary and has just received its highest honor, that of President. Miss Lorimer was born in Ohio of Scotch parentage and was educated in her native state, for she is a graduate of Muskingum College and of the Lakeside Hospital School of Nursing (now an integral part of the Western Reserve University School of Nursing).

Miss Lorimer has seven years of private duty nursing to her credit, but she is best known as a pioneer in public health nursing which she began with the Cleveland Visiting Nurse Association and Cleveland Board of Education. Advancing through the years, she became Inspector of Midwives for the State Commission for the Blind and Director of the Division of Nursing of the State Department of Health. As Director of the Division of Nursing of the Lake Division of the American Red Cross, a service for which she was granted leave of absence by the Commission for the Blind, Miss Lorimer endeared herself to the Red Cross nurses of Ohio, Indiana and Kentucky.

Miss Lorimer has been nationally known since 1922 as the affable and businesslike Treasurer of the American Nurses' Association. She makes her home with her father at 1297 Ethel Avenue, Lakewood, Cleveland, Ohio.

Our Contributors

For the past year and a half **Dr. Arthur C. Curtis** has devoted his time to research in the field of Nephritis. He is an assistant in the Department of Internal Medicine of the University of Michigan Medical School.

Shirley Titus, R.N., B.S., who has written for the *Journal* before (see Our Contributors for June, 1923) is now Director of Nursing at the University of Michigan.

Years of Hospital Social Service work with Miss Wadley in addition to a varied nursing experience have given **Lillian Kelm, R.N.**, a comprehensive background for her work as Directress at the Burke Foundation, White Plains, N. Y.

Unfortunately we could not spare space for more of the actual cases compiled from court records by **Dr. C. S. Chase** in his article on Jurisprudence which is continued from the May number.

The friendly story of a friendly place, Edith Camp, was prepared for the *Journal* by one of Bellevue's loyal alumnae who modestly wishes to remain anonymous.

Nurses have asked for just the practical sort of help **Miss Weed** has given in her Basic Menus.

The description of the Practical Croup Tent was generously furnished the *Journal* by **Bertha L. Knapp, R.N.**, Director of the School of Nursing of Wesley Memorial Hospital, Chicago.

"How to Become a Nurse" is a timely topic in a month when thousands of high schools "let out." **Lucia Green** has well expressed the thought of the yearning high school student, while **Harriet Frost**, Supervisor of the Department of Public Health Nursing of the Pennsylvania School of Social and Health Work, in her Radio Talk, gives us an excellent example of a vocational talk in nursing. It is suggested that our readers place this article in the hands of possible candidates for nursing schools.

Dr. Visanska is a pediatrician of Atlanta, Georgia.

Mina A. MacKay is an instructor at the Massachusetts General Hospital. **Mrs. Mildred M. Stemler** sees the other side of the question.

Qualifications Required in Nursing

TO make a good nurse one must have an alert and understanding mind, good judgment, refined and wholesome tastes, and sufficient knowledge of the sound fundamentals on which a professional training can be built. Good nurses are not made from any stereotyped pattern. Indeed there is no profession where individuality is more needed, and where people of varying temperament and personality can find a wider range of congenial possibilities. There are, however, a few essentials in considering one's fitness for this work. A nurse should be strong, because people will lean on her; she should be trustworthy, because people will confide in her; she must have a certain degree of steadiness and self-reliance for heavy responsibilities will sometimes be put upon her. Needless to say she should have the spirit of service and a keen interest in human beings of all classes and kinds. Tact and the right kind of sympathy are highly important. A sense of humor, resourcefulness, and adaptability should be put among the essentials. Many other desirable qualities will be developed by the right sort of training. Certain types, such as the incurably lazy, the sentimental, morbid, or unreliable, have no place in a school of nursing.

—From the prospectus of the Hunan-Yale School of Nursing, Changsha, China.

This school, under the direction of Nina D. Gage, President of the International Council of Nurses, now offers two courses, a five-year course leading to the B. A. degree and a regular three-year course.

[EDITOR'S NOTE:—*One of the encouraging factors in nursing education at the present time is the more manifest interest in the teaching of nursing technic itself. In this renewed search for the most efficient way in which to utilize the time which the student may be given for the study of medical, surgical, and other types of nursing practice somewhat different viewpoints inevitably are being presented. It may be that the publication from time to time of the varying papers presented on this subject at League meetings may aid our readers in the selection of that method most fruitful in the teaching of these subjects in their own schools.*]

How Can Ward Teaching Be Made More Systematic?[1]

BY MINA A. MCKAY, R.N.

LET us enumerate some of the methods we are adopting, by which we hope to make ward experience of more value to the student:

The use of morning and evening reports.
The use of student experience records.
Ward clinics.
Case studies.

Very essential, indeed, if we expect to get anywhere with this ward teaching, is it, to make up our minds that it *is* to be—just as the eight-hour day *is* to be—and find a way to make it possible. For instance, right now, medical students consume much time at clinics and case studies, why not the nurses? It is an important part of their work and satisfies a felt need for them, why not for us? Ways and means for doing this sort of thing will, of necessity, vary in individual hospitals. This difficulty in one will have to be overcome, while that in another will have to be.

Who shall be the person to decide what there is in the ward situation which will be of value to the student nurse? I think the supervisor of that section, with the valuable assistance of its head nurse. After all, it is the head nurse who has the closest contact with the individual patients, who reaps the benefit of the doctors' visits, and who is cognizant of all patients' treatment and orders.

The question then comes to mind of deciding who takes care of the ward teaching. It seems as if much of it must fall to the supervisor and head nurse, with the help, in some cases, of the resident or senior interne on the particular service, whatever it may be. Here again, circumstances will alter the situation.

It does seem logical for the ward clinics to belong to the management of the doctors. They are the ones who work up the cases and should know most about them. It is quite possible, however, that these doctors will need a little "coaching" so that their material will not be too technical to suit the nurses' needs. The term *clinic* probably does not convey the same meaning to all of us. I refer to the type of bedside talk which supplements class room lectures.

How then can the head nurse be most helpful in this educational scheme of things? The morning and evening reports I should assign to her or, in her absence, to the senior nurse on the

[1]Read at a meeting of the Massachusetts State League of Nursing Education, January 7, 1926.

ward. I feel very strongly that by "some hook or crook" the senior nurse should be a member of the senior class in the school. She should be relieved from the ordinary ward routine, and should be assigned certain responsibilities in ward management and housekeeping, so as to release the head nurse for a definite amount of ward teaching and supervision. Give her a little desk or table in the ward, all by herself, where she could do her writing and necessary planning without too many interruptions, and without feeling in the way of either the house office or head nurse. With a competent senior nurse, really acting as an assistant, why should not the head nurse be held responsible for the practical ward instruction? She is the person on that ward nearly all day and, for this reason, has much advantage over the supervisor (who has perhaps six other wards to manage) of being right there on the spot to correct careless procedures.

Head nurses should be teachers, but how *can* they be unless they receive proper assistance in their administrative duties? Such an arrangement certainly would pave the way for real supervision of the young student after her probationary period. We must agree that there is a tendency at the present time for an increasingly large group of students to do work in their own way, rather than in the way they have been taught. It does seem that perhaps we have somewhat lost sight of our nursing principles in the effort to increase theory and make these principles more "understandable."

If the work is so arranged that head nurses really do more ward teaching, how can we be assured of uniformity in this teaching? The methods are primarily taught in the class room. Why should not regular demonstrations be arranged for the head nurses and supervisors, that they may be kept "brushed up" in the newer as well as the older methods of practical procedures? Without too much loss of time, they might be combined with seniors' practical reviews, or with seniors' final practical examinations.

Students' records of practical experience, previously mentioned, appear to be something for which the individual student herself should be more or less responsible. She should feel enough interest in her hospital education to be on the "lookout" for procedures that she has never practised, and in perhaps weekly or daily conferences with her supervisor and head nurse, should point out these omissions in her training. It is then the duty of the supervisor and head nurse, to supply, if possible, the lacking experience. To do this efficently, it might mean the necessity of the supervisor having some control over ward assignments of the student nurses in her unit. I do not mean the assignment of routine ward work to the student, for that belongs to the head nurse —but I do mean the assignment of the nurse to a particular ward where she may get the practice that she lacks.

It would appear, so far, as if most of the teaching were to belong to the head nurse, but the supervisor fills an important gap, if she conducts the small group teaching with its case studies. It is her chance to be of special service in attempting to correlate the students' theory and practice.

May I now revert to the morning and evening reports, and the ward clinics, before further consideration of case studies? How long should these reports be? Who should attend, and what should be the type of discussion? It is impossible to make general statements which would suit all occasions. I think, however, they should be brief,—ten to fifteen minutes; that they should be attended by all students on the ward as well as the head nurse; and that it

should be more than a simple reading of the night report. It seems as if the emphasis ought to be placed on those points which would enable the students to go about their day's work intelligently and feel interested in doing so. Personally, I feel rather dubious of successful results from evening reports—for one reason, because being near the close of the day, there are apt to be so few students on duty, and besides this, the eight-hour day presents complications. However, I feel that we should take more concern in passing over orders to the relief and night nurses—again, not just a mere reading of night orders. Certainly, a brief summary of the day's events, relative to patient's conditions, should be included.

As for ward clinics, how often should they be given? Time of day? Should they be prearranged? It seems well for each lecture—medical, surgical, pediatric, obstetrical, or what not, to be followed by a clinic, illustrative of that particular lecture. They must be prearranged, if they are to be worth while. The time of day, rests with the individual hospital. The 3 to 4 p. m., or 4 to 5 p. m. hours, seem to interfere least with the general ward routine, mealtimes, visits, etc.

In view of the fact that case studies are of so recent origin, there are necessarily many points for consideration. First of all, let us not make them too complicated or too formal. The form of outline which has been arranged, and which seems adaptable to any case which one would expect to find in a general hospital, embraces the following topics:

Patient's name Age S.M.W.
Nationality
Occupation
Chief complaint (and its duration)
Other outstanding symptoms
Possible causes of symptoms
Important facts in family, past, marital, social or occupational history influencing the development of this disease.
Physical findings and their significance
Laboratory findings and their significance
Operative procedures and pathological findings (if any)
Doctor's orders for this patient
Purpose of medications, treatments, diets, etc., ordered
What nursing service will be most beneficial to this individual? How? Why?
What (if any) sanitary and hygienic measures contribute to the prevention of this disease?
Remarks

Any student beyond the probationary period, at any time, should be expected to prepare a case study and present it, and any nurse attending these groups should expect to share in the discussion. The outline should be hers, to keep with her abstracts and other papers, after the supervisor has finished looking it over.

In the preparation of these studies, students should have access to the patients' histories; should confer, within reason, with the patient himself; with the head nurse; with the senior interne; and possibly with the social worker, providing the social history has had any influence on the development of the disease. Text and reference books should not be forgotten in the effort to make a finished product.

Two or three days' notice seems a liberal allowance for preparation. This will probably require between two to three hours' work for the average nurse, —partly while on and partly while off duty.

Nothing short of an emergency should interfere with the appointed time for presentation and discussion, any more than for a scheduled classroom period. It is quite embarrassing as well as vexing to learn, ten minutes before time for assembly, that the nurse has failed you in her preparation.

To snatch all students from the ward, for twenty minutes at one time, seems

to be as much as one could reasonably expect the head nurse to stand for. Even this short time seems an imposition, though the head nurse may be left with the assistance of special nurses, ward helper, or orderly. Her presence at these discussions would be welcome and of value, but *who* would be left to manage the ward? Would it be of more value in the long run, to excuse one student each time, for this purpose?

Perhaps among the most difficult of decision, is the time of day to be chosen for these meetings. Speaking from experience, 7:30 to 8:30 in the morning, works out fairly well. It is not unreasonable to ask the attendance of night nurses at this hour. It is the time of day the greatest number of student nurses are on duty, and it is too early for doctors' visits. To be sure, bedmaking, bathing, and the like, will be held up, but shouldn't there be enough gained to offset this inconvenience? Patients, and all associated with a teaching hospital, must expect to be more or less inconvenienced.

In an experiment so new, one case study a week on each ward, would represent a good beginning. However, this would be greatly influenced by the number of supervisors to conduct them, the number and type of patients in the hospital, and the size of the training school.

Each ward should have its own set day and time of day for these discussions, and possibly a schedule should be posted, so that nurses off duty could attend, if they desired. Attendance of the nurses on the ward where the case is being discussed, should be compulsory,—including night nurses, if early hours are chosen.

A record book should be kept and arranged to show, at a glance, how many students in the school have attended, how many times, the subjects discussed, by whom, and under whose guidance. Time for this, should not be taken from the discussion period,—for it is all too short. A list of the students' names at that time is enough—each nurse being responsible for signing for herself.

It requires quite a bit of the supervisor's time and thought to choose suitable patients for these studies. The head nurses' suggestions are of much value in the selection. When the student is consulted as to the patient she would like to study, nine times out of ten it will be one who is in for "Observation." Since it is not our business to diagnose, it appears better judgment to study such patients as have had diagnoses already made. Otherwise, our medical friends may feel we are treading on their toes.

In conclusion, may I state that the students' reaction to the Case Studies has been most satisfactory; many really like to prepare them, while all seem to enjoy "listening in."

Is this not enough of an incentive for making them of more value? Who of us would not have welcomed such instruction in our student days? Now that a beginning has actually been made, let us perfect this work, and pass it on to the rising generation,—a real contribution.

Laboratory Examinations in Food Poisoning

FROM a study of the varieties of laboratory examinations now being made in other state health department laboratories, it is noted that these laboratories have been called upon to make relatively few bacteriological examinations in connections with cases of suspected food poisoning. Recent scientific investigations have shown that nearly all so-called "ptomaine" poisoning is not caused by chemical deterioration of food but by the activity of bacteria, either with or without the production of toxins.

—State of Connecticut Health Bulletin, December, 1925.

The Part of the Head Nurse and the Teaching Supervisor in Nursing Education

By Mildred M. Stemler, R.N.

THE term head nurse has been in vogue in our hospitals almost since their foundation; and during that time her duties have been changing but always manifold. The part the head nurse played in the past, depended much upon the age in which she lived and the institution with which she was affiliated. We have seen her evolving slowly but surely from those duties which have now been given to ward maids, then to attendants, then to a nurse fighting in a chaos of manifold duties, up to the present where she has emerged with a more substantial footing and a more dignified standing.

The primeval force at the back of this evolution has been the evolution of education in which there has been stressed the theory that every individual be given a right to develop all innate capacities to the fullest extent that is possible; to prepare that individual to live most and serve to the best that he or she is capable.

As our schools progressed, greater demand was made for a higher type of woman. So with the emancipation of woman, there entered the great ranks of nursing, women of higher ideals. The higher ideals which they brought with them brought forth fruit in the form of higher conceptions of education in the field of nursing. There was required not only better education, but an all-round higher morale, and so carrying with it a greater responsibility and a greater privilege for the head nurse.

In our conceptions of the qualifications of a head nurse, there has been almost a lightening change, so rapid has been the transit. Some time ago, and not so far back, the head nurse could be just anyone who would take the position. She seldom lasted long, which was, perhaps, a good thing. But now our views are changing. We demand so much in a head nurse that it is almost with fear and trembling that she accepts her new post. What part then does this new head nurse play in nursing education?

Let us define her responsibilities. The chief and most important one is the patient. She is responsible to the patient, the doctor, the superintendent through the supervisor, and finally the community in which she serves, for the care with which she surrounds him. So ever in the foreground of consciousness must the head nurse find the patient as the dominant thing. We know that there can be a division of interests but the lesser interests must always be pale before that greater one.

And so the head nurse, if she holds the education and welfare of students first, must fade in the background as a head nurse and become a mediocre one in every sense of the word. There can be no equality of the two for her. If the students come first, then she has failed in her responsibilities and has missed the greatest privilege of a head nurse, but if education means the opportunity of developing all innate capacities to the fullest extent, that our student nurses may go forth from our hospitals prepared to take their place in the vast field of nursing, shall she be the lesser interest?—and again we must answer, No. But here we have the patient, that for which hospitals were founded and the student nurse, who must be developed to her fullest extent if nursing education is to advance as other fields of education, each clamoring to be considered first. It is up to us to meet the

demand so that both may have their opportunities. Thus we see that the head nurse's main field leads her not directly into the field of nursing education.

Some may answer that the head nurse has done both in the past and nursing has advanced. But we must see that the more advancement we have made, the more capable are we of seeing our shortcomings. Judging by all phychological and educational principles at our command today, we must admit that there can be no division of interests if we have the greatest advancement.

So we must leave the patient as the main interest of the head nurse and permit the student to sink to a lesser level. This, however, does not mean that the head nurse plays no part in nursing education. It is she who by constant study and development of herself in her work, can stand out as an example and inspiration to the students as they work upon her wards. How many of us today can recall the ideals formed in training, the makeup of which was for the most part our ideal head nurse? It was that ideal which kept us alert and conscious of the goal to which we were striving. How much it meant could not be stated in numerical terms. So, as an inspiration and an example to our students, we find the head nurse adding much to our nursing education. Her enthusiasm and consideration of patients, sets before our students the proper conception of what the patient really means. It is she who learns her ward and methods of dealing with that particular branch of medicine which transmits itself to our students with whom she works.

The method of meeting superiors, doctors, patients, patients' relatives, and ward maids and adjusting the problems as they confront her, are not lost upon the student. Thus we find the stamp of the head nurse upon our students as they later attempt their adjustments under similar circumstances.

The head nurse knows her ward, she knows symptoms, and it is she who must point out and make lists of the important things in the ward to show the students or hand to the instructor or the teaching supervisor, whichever it chances to be, as in many instances she is the instructor for that particular field. She coöperates and makes possible the best teaching because she gives what she knows and that is no small thing in our scheme of education.

We said earlier that the student nurse must not be sacrificed for the patient, that she has the right to every opportunity. We found that the head nurse with her manifold duties could not be trusted entirely with the teaching of the student of everything necessary and with her service in addition, that in the end the student would suffer and later our profession. We all remember our experiences in certain wards when they were particularly heavy. We had no time to observe; we had to finish. The head nurse had no chance to observe our work, to watch us give treatments, to see that we received what we should in the way of observations, technic, etc. It was too much and consequently we left these services with many mixed ideas and conceptions instead of what we should have. This is bad, but the head nurse was not to blame, because she simply had not the time, and our students suffered. Whenever the need is great enough for an article, the demand generally produces it. Our need has been great and from the demand there has grown up a new individual in our training schools known as the teaching supervisor. This individual's duties are not clearly defined as yet, we have only gotten so far as to say that the student is to the teaching supervisor what the patient is to the head nurse. The student comes first. Her aim is to develop the

student to the fullest extent possible. Her duties are not clearcut, but the hospitals are trying to work them out satisfactorily both to the student and all with whom they are concerned.

She is present at all treatments, she observes the student technic, sees that the student understands what she is doing and why she is doing it. There is uniformity in the ward, but most of all there is uniformity in the teaching. There is no chance for varied methods done in a slipshod manner. There is no opportunity for bluffing; and after three years of carefully supervised work, we shall see students turned out more accurately and carefully trained,—more on a level with our other institutions of learning. The investigations of our training schools throughout the country a few years ago showed us the need for some such individual to save the student from being sacrified to the hospital in a continuous round of mechanical routine work.

Education, after all, means our ability to transfer our knowledge into behavior, the kind of behavior will mean the kind of knowledge obtained. If we would keep abreast with our other educational institutions, we must lay better foundations. In the preparation of teachers, the requirements are four years of college education plus one year, at least, of teaching under a critic teacher. This is the preparation of the teacher for the care of one side of the child only, the mental, yet we send nurses out to care for life, the most precious and sacred thing known, ignorant of much. They were taught, yes, so were teachers. But did that take the part of supervised teaching? No, and nurses must be supervised. What if your nurses do have exceptional courses in Materia Medica? Can that take the place of clinical study brought about by a teaching supervisor in the ward? The effects of the drug, the results pointed out by a competent individual, stamp the knowledge as nothing else can do. How much more would the application of a hot pack mean to a student nurse if she could have a resumé of the case presented to her before applying it, the purpose of the pack, the procedure, and what to observe. You say, if she is taught well, she'll remember it or, later on, read up on it. Do they? I am afraid not. They are too tired, too many other things, as lessons, require their attention. We only have to glance back at our own training and remember the tendency to do only what we must, and put that off until the last, which is but natural human behavior. So we can't blame the student. The blame is to be placed at our door. I have seen nurses in very reputable hospitals ordered to carry out a nursing procedure that was somewhat unusual. The sudden intake of breath is often the response and if you are observant, you see her hasten to some of the other girls, and often some whispering, and by putting two and two together, do a fairly acceptable demonstration. Is this what we want?

Some of you may think complacently, that doesn't happen in our institution. Have you ever had students come to you just before the State Board with things that were vague to them, yet which they were positive they should know? Have you ever quizzed them unexpectedly, six months after a demonstration which you felt had been so successful? Try it, it is the best remedy I can offer to give your ego a downfall. These are merely a few of the reasons for the *teaching* supervisor. Some of you may say that your head nurses and supervisors test students in the ward. I admit this, but it is not scientific, because if the ward is heavy, they have not the time and it is when we have the heaviest wards that the student should have the greatest opportunity. The part this

supervisor in nursing education plays is large indeed, so large that we have not fully grasped it. She is in her infancy but she will do much in the revolutionizing of our entire nursing education.

The hospitals that have tried it out are very enthusiastic in its success. It needs only time to give its stamp of merit.

We might add that the head nurse and teaching supervisor are both invaluable to nursing education. The head nurse as an example and an inspiration to our students, giving her best in the care of her patient, aiding the teaching supervisor in coöperating with her in every way possible, giving to her from an inexhaustible fund of knowledge gleaned through careful study and work in the ward, giving all that would help the teaching supervisor in teaching students to fill their rightful place in nursing; her part is by no means a small one in the scheme of nursing education. The teaching supervisor's part is to teach students, that they may go forth developed to the fullest extent, that they may live most and serve best. I doubt if its extent could be computed, for it is merely the fulfilling of a precept taught by the Gallilean years ago:

Cast your bread upon the waters and ye shall find it after many days.

Coöperation

ONE of the things which has struck recent visitors to the United States is the splendid coöperation in matters of public health, where the hospitals and welfare societies work together in close association. Another important factor is the health Press—*The American Journal of Nursing* and *The Public Health Nurse* have their offices in one building in Seventh Avenue, New York City.

—*The Star*, February 20, 1926, Johannesburg, South Africa.

Addresses Wanted

COPIES of the 1925 Annual Report of the National League of Nursing Education, mailed to members listed below, have been returned because of incorrect address. If these members will promptly notify Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York, N. Y., of their proper address, their reports will be forwarded at once. The addresses given are the last ones known:

Ina L. Grine, Fitzsimons General Hospital, Denver, Colo.; Frances B. Wilson, Atlantic Post Office, Swans Island, Me.; Ethel G. Bright, King's Daughters' Hospital, Madison, Ind.; Isabel Zimmerman, Johns Hopkins Hospital, Baltimore, Md.; Evelyn L. Childs, Pasadena Hospital, Pasadena, Calif.; Mary Cadmus, 4200 East 9th Ave., Denver, Colo.; Catherine L. Lewellyn, Blossburg, Pa.; Marie E. Hanlin, Fabiola Hospital, Oakland, Calif.; Charlotte F. Sands, Lutheran Memorial Hospital, Chicago, Ill.; Anna Duryea, 1100 Mission Road, Los Angeles, Calif.; Blanche Stair, 729 Elm St., Long Beach, Calif.; Nina Woolters, Women's Hospital, Nashville, Tenn.; Mary D. Buyer, 201 Sixteenth Ave., Seattle, Wash.; Laura E. Mann, 1016 W. Vanhorne Road, Independence, Mo.; Clara S. Ingrahon, 180 Third Street, San Diego, Calif; Eleanor E. Reese, University of Michigan Hospital, Ann Arbor, Mich.

Drug Addiction

THE task of suppressing the abuse of narcotics is an international task of the first magnitude, demanding increasingly complete international unity of intelligence and administration; difficult, because practically interwoven with political problems and commercial interests as well as with ancient ignorance and social habits, perverse appetites and the sleepless greed of private gain; immensely important, because the steadily increasing threat is against the welfare of all races and nationalities. No place where people live is sheltered from this peril which menaces men, women and children as few other things ever have menaced them.

—JOHN PALMER GAVIT, in The Calendar of the League of Red Cross Societies, 1926.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

Delano Recruiting Week

PRACTICALLY simultaneously, a very interesting proposal connected with both hospital schools of nursing and the Red Cross Nursing Service has been made in Michigan and the New England States. According to the decision of the Detroit Local Committee on Red Cross Nursing Service, following the plans for student enrollment suggested by Grace Ross, the chairman, the second week in March, centering around March 12, Jane A. Delano's birthday, will be set aside as Red Cross Recruiting Week. It will be the climax to year-around organization that will make student nurses familiar with the noble history recorded by Red Cross nurses.

To summarize the plan: Nearly every school under its system of student government has class organization. It is suggested that study of the work of the Red Cross Nursing Service might form an interesting part of the group's consideration. The Senior class of each school might make itself responsible for selecting a committee to promote enrollment in the Nursing Service at graduation. One nurse should be chosen from each school to give a class paper based on the study. It is further suggested that these papers should be presented at a general meeting of the city hospital schools' Senior classes, during Red Cross Recruiting Week. National Headquarters will be pleased to indicate subjects, if so desired, and to pass judgment on the best papers presented by the various Senior classes, should the occasion be made a competitive one.

In regard to the technical details, the president of the Senior class might be appointed to see that all graduating nurses receive application blanks for enrollment. The superintendent of the school is then on the spot to supply the training school's credentials, also to secure a copy of the physical examination, usually made before students leave. This is good for a year and will be accepted by the Red Cross Nursing Service. As soon as the student has joined the Alumnae Association, the credential showing her connection with the American Nurses' Association may also be included. When she has taken her State Board examination and has secured her registration number, the information can then be sent to the Local Committee or direct to National Headquarters.

So the usual details, almost always incidental to graduation, can be turned to account both ways, the student spared some effort and time and enrollment in the Red Cross Nursing Service facilitated.

A word about the filling in of application blanks is necessary here. These should be written out by the applicant herself, not by the superintendent of the school or the class president, nor should they be typed. In this instance, the actual handwriting serves a purpose, as it is a clue to the identity of the individual herself. While typewritten papers and addresses are generally liked for clarity and neatness, there are still a few occasions left when handwritten communications are preferred!

The day Miss Ross presented her plan for student enrollment to the Detroit Local Committee on Red Cross Nursing Service, there was a meeting of one hundred Senior students at the Harper Hospital. Emily A. McLaughlin, Superintendent of the School, one of the ablest of Red Cross workers, who

headed up the fourth Red Cross unit to see service overseas (Base Hospital No. 17) had already presented to them the history of the Red Cross and the plan for enrollment. Elba L. Morse, Nursing Field Representative for the state of Michigan, followed this at the meeting by a talk on the Red Cross program, stimulating further interest, so that the students made immediate inquiries about enrollment.

Enrollment during March, by the way, totaled 222 nurses, a much higher figure than the general average. It is interesting to note that the Michigan State League of Nursing Education unanimously decided at a recent meeting to ask all superintendents of training schools to approve and urge the creation of student committees for Red Cross recruiting. Michigan is giving a lead in definite action and the New England States are discussing a plan—after Miss Noyes' visit to Worcester and Springfield, where she spoke on the same subject and outlined a similar project—that other states might well be proud to follow.

The President's Letter

IN AN important and weighty letter to the Presidents of the State Associations, the President of the American Nurses' Association discusses several interesting matters of moment to the national association as well as to the Red Cross Nursing Service. Certain salient paragraphs selected from the whole might well be given deep consideration (italics ours):

Before the War, all the work of the American Red Cross was carried on directly from National Headquarters, and in those days many State Associations sent their delegates, these delegates carrying back a report, and thus the States were kept advised as to the Red Cross. Owing to the expense, the states have gradually ceased to send delegates. I believe that while it might not always be a worth-while matter and expense for these delegates to be sent, *it is essential* that each State appoint a delegate and notify the Red Cross of the name and address of this official delegate. The American Red Cross would then send its report to this delegate and from this she could prepare a report for the State Associations. . . .

Undoubtedly the requirement of membership in the American Nurses' Association has tended to increase the membership of the American Nurses' Association. Besides this, its requirement of registration has helped us to pass laws in all our states. *Its general requirements have tended to elevate the standards of nursing educationally.* . . .

It is largely owing to our connection with the American Red Cross that we have no short courses for nurses in this country and that only well qualified nurses are accepted into service through the Red Cross. In many other countries the Red Cross Associations, through their short courses, and even through their control of nursing schools, have had just *a contrary effect* upon the growth of national organizations. . . .

As nurses we are extremely proud of this relationship between the American Nurses' Association and the American Red Cross. It is unique in nursing and Red Cross achievement. This service belongs to us and *it is ours to maintain at the present high standard,* but if we do not present it at every meeting of our state associations and keep it constantly in the minds of the younger members of our state and district associations, it is sure to deteriorate. Then we will lose this wonderful connection which has meant, and may continue to mean, one of the most important links in our professional chain.

International Nursing Courses

THE international course in public health nursing, conducted by the League of Red Cross Societies at Bedford College for Women, London, England, will begin its seventh annual session on August 1 next, and continue through July, 1927. On that day, the third international course for nurse administrators and teachers of schools of nursing will also open. In the six years that have elapsed since the first course started, there has been considerable development.

Today, for instance, students have

their own charming home at 15 Manchester Square. It became an actuality through gifts from various Red Cross Societies—the British Red Cross donated the lease covering a period of six and one-half years and its present location in London, with valuation post-war, makes this a considerable item. The American Red Cross, among others, gave a substantial sum of money and several Red Cross Societies furnished decorations and draperies to make the rooms representative of their countries. It is a most interesting place, truly international as a tour through it reveals, and as attractive as it can be.

The "house mother" is an American Red Cross nurse. In other words, the assistant to Mrs. Maynard Carter, Director of Studies, and also supervisor of "International House," is Nan L. Dorsey, of Pittsburgh. She was one of the postgraduate students during the 1924-'25 session. They liked her so much that they elected her president of the newly formed Alumnae Association and she liked London and the work so well, that after a trip home to the States she went back to reside there.

Nurses from all over the world go to Bedford College to take these international courses. Since 1920, when nineteen women gathered from eighteen different countries for the opening session, then quite experimental, eighty-seven representatives of the Red Cross Societies of thirty-nine different countries have taken the work. They include several from the United States.

The cost of taking the course is now fifty pounds sterling less than it was—or, in more familiar money, $243. The total for tuition, residence, books, excursions and incidental expenses (but not travel expenses to and from London) is at present $973 for the year, instead of $1,216, calculating at the present rate of exchange. It is hoped to be able to reduce the cost still further.

An Ex-Queen's Message

THE Queen permits me to send her greetings to the American Red Cross, most particularly to American Red Cross nurses.

This gracious little message from Ex-Queen Sophia of Greece was sent through Alice Fitzgerald to Miss Noyes. The "how" of its coming in letter form makes an interesting story.

Miss Fitzgerald was at her home in Florence for a brief period, between the termination of her six months' work in Paris, as adviser on nursing education to the League of Red Cross Societies, and her departure for Siam. Ex-Queen Sophia heard of her visit. She wished to meet Miss Fitzgerald; so in the home of other Greek exiles, the presentation was made. Needless to say, those dramatic and crowded years in Greece when such excellent work was done by American Red Cross nurses; notably, Kathleen d'Olier, Mrs. Charlotte Heilman, Marie Zacca and Eleni Inglezaki—were surveyed. The result was the message for all American Red Cross nurses through Miss Noyes.

From December, 1920, when her royal husband, King Constantine, was restored, to September, 1922, when he went into exile again, this time never to return, for he died the following January, Her Majesty showed keen and practical interest in the American Red Cross dispensary, visiting nurse and later, the child welfare program, with which Mrs. Heilman's name will always be associated. Among the American magazines, by the way, that Queen Sophia constantly had on her book table in Athens were *The American Journal of Nursing* and the *Public Health Nurse*. In Miss Fitzgerald's words,

> I found her a very charming woman with a most remarkable knowledge of modern nursing and welfare work.

Unreturned Badges

ANOTHER list is appended of those American Red Cross Nurses whose enrollment has been annulled but whose

appointment cards and badges have not been returned. Nurses are reminded that these always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Beatrice Frances Bliss, Mrs. Earl L. Brant (nee Florence Spice), Mrs. John W. Burton (nee Mary Belle McClelland), Mrs. N. M. Carey (nee Mae Helwick), Mollie Cohen, Mrs. Margaret K. Cooper, Mrs. Marguerite Evelyn Denby (nee McGraw), Frances Kathryn Devlin, Anna V. Flannery, Mrs. James Harrison (nee Alma M. Romprey), Mrs. Herbert Hughes (nee Vivian Frances Perkins), Mrs. T. J. Johnson (nee Mae Edythe Madden), Mrs. Katherine I. Larrow (nee Talcott), May Agnes McCue, Robena M. McGrandel, Mary Irene McKinstry, Charlotte W. MacWilliam, Estelle A. Madden, Mary T. H. Marhan, Margaret Martin, Frances Catherine Murray, Nora Frances O'Neill, Kate B. Orwig, Ruth Jane Parks, Bernadette Marie Provost, Ada Grace Pye, Marie C. Reymond, Emma Mae Robinson, Grace Ruffner, Mrs. P. A. N. Salls (nee Mary E. Turner), Else Babetta Schmidt, Maude Agnes Scott, Carrie Sellers, Catharine R. Sheehan, Mrs. W. M. Shrum (nee Florabel Lyons), Hazel B. Smith, Mrs. Ed. Spencer (nee Ethel Clawrence Young), Lucinda Belle Staymates, Agnes C. Stubler, Mrs. Ralph C. Tanner (nee Lettie Vera Williams), Susan Delano Torrey, Mrs. Edward S. Tweeddale (nee Pauline Martha Tweeddale), Mrs. Emma Cooper Van Doren, Mrs. H. H. Waagaard (nee Ingeborg A. Bye), Rose C. Wagner, Julia Anna Walton, Josephine Whidden, Mrs. Mary Alice Wilmoth (nee Webreck), Mae Noble Wilson.

Items

BEFORE Pansy V. Besom left Manila, following her resignation as Director of Nursing Activities of the Philippines Chapter, the Filipino Nurses' Association, at its second convention, passed a resolution expressing its thanks, appreciation and gratitude for the moral and material support that she had given the nurses and the nursing profession there. "Since she took office," reads part of the resolution, "she has shown great interest in the advancement of public health nursing in the Philippines by taking active part in all its movement . . . in our association with her, we found ready coöperation, sound advice and sincere friendship.

After eight years in Europe and the Near East, with but two visits home, in 1919 and 1922, Frances McQuaide, American Red Cross nurse, has arrived in the United States and is at present in Washington. Just after arrival she called on Miss Noyes. Miss McQuaide first went abroad under the Palestine Commission, spending a year in the American Red Cross Hospital at Jerusalem. From the Holy City, she went to Poland, via Paris, in 1919. There followed child welfare work with the Near East Relief in Constantinople, excellently performed, and then she was transferred to the American Women's Hospital, in December, 1922. Administrative work in either the Balkans or Greece was open to her under the American Women's Hospital, but after so prolonged a period overseas she desired to return.

K. Nordenvahl, president of the nursing department of the Swedish Royal Medical Board, and Anna Vogel, Director of the Institute for Crippled Children, in Gothenburg, called at National Headquarters recently. Miss Nordenvahl, who has returned to Sweden, was much interested in the set-up of the Nursing Service and in the rural public health nursing and home hygiene programs. Miss Vogel remained over for the American Nurses' Association Convention at Atlantic City. She has been studying the care of crippled children in this country and the provision that is being made for them.

The Nurses' Memorial Window

THE nurses' memorial window to be placed in the Women's Division of the Cathedral of St. John the Divine, New York City, was enthusiastically discussed at the recent meeting of the New Jersey State League and $20 was immediately contributed, bringing the total to date to $12,108.46.

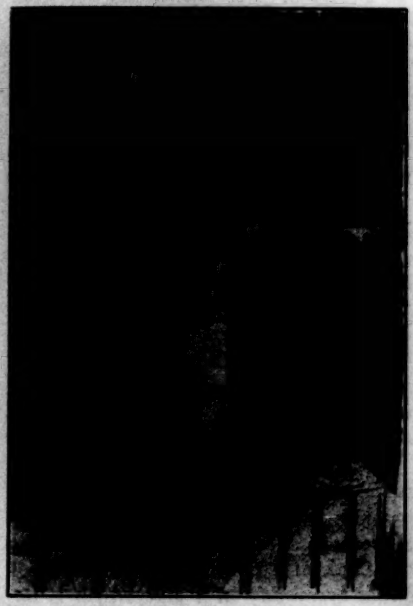
That the subject of the window may be in harmony with the others and that it may carry out the thought of the schools, where "Jesus the Teacher" is being brought before the students, "Jesus the Healer" has been suggested as a fitting and impressive subject for the main figure of the window.

A contribution of $2 from two nurses at the farthest point in Alaska was lately received, having come 1,500 miles by dog-sled before it reached the ship. The letter, mailed before Thanksgiving, stated that currency was very scarce, but they sent what they could spare.

From the Case Record of Harold

By Elva Beam

School of Nursing, Chambersburg Hospital, Chambersburg, Pa.



On Admission

ONE of the most pathetic admissions to our hospital was that of Harold, aged 3 years. This little boy, whose picture is at the top of this page, has moved nurses and doctors to tears. He was starving, but his emaciation was not the result of a national, or even a local catastrophe. His starvation was at a critical point and he was nearing death (this at the hands of a step-mother), while the father looked on and approved.

The habitual calm of the town was disrupted and public indignation reached a heretofore unknown level, when the bruised, seemingly half-demented little boy was moved from a house in an obscure corner of the town and admitted to our hospital.

It was then that the story came to light, the story of a step-mother beating, imprisoning, and starving the child until the body was scarcely more than a frame weighing 22¼ pounds, and carrying abrasions due to cruelty.

No medication was necessary in this case. Fresh air, food, sunshine and good nursing were the only treatment given. Nineteen days in the hospital, and as a result of proper food and care, the weight increased to 33 pounds.

Evidence was secured by officers,

Ready To Be Discharged

warrants for the arrest of Isaac and his wife were sworn, and they were arrested on charges which never before had been brought in this county. At this time it was very clearly proven to the public that it was a case of starvation, a diagnosis to which the parents bitterly objected. The sentence of the defendants was ten months in county jail. The second picture was taken at the time of discharge, three months after admission.

Summer Vacation

By Li Chun

Male Student, Hunan-Yale School of Nursing, Changsha, China

THERE are three weeks for summer vacation. My home is in the country at Yi-yang. From Changsha to my home is three hundred li. I came home to talk about many things with my parents, brother and sisters. They first told me about my family and country. Afterward I told them about our school, hospital, and Changsha district. After two or three days my old friends came to my house to visit me. Then I went to their homes to visit them too.

There is an old Chinese teacher in my country. He taught me Chinese ten years ago. He did not teach students this summer, so my father engaged him to come to my home to teach Chinese to my brother, sisters and me. We had four hours every day, two hours for reading and others for composition. He also taught arithmetic with the Chinese abacus, and Chinese history.

I spoke about infectious diseases to country people in chapel after worship. I told them about isolation and how to give treatments to patients. I also sent many kinds of hygienic books to them. Some of the people were visited by the plague. There were already several cases of cholera and some of dysentery. Most of the cases of cholera died. After my teacher had dysentery, I found a volume of Chinese stories to read, called Shi Yu. It is very famous in China for more than two thousand years.

When I finished the Shi Yu I went to Lan Chi to visit my uncle, aunt and cousins. They are farmers and work very hard in the fields every day. I kept the cow for them there. So I became a cowherd. I often rode on the cow's back and played the flute and felt the gentle wind blow against my face. It was very joyful to become a cowherd. After a few days I returned home.

Except studying, I played chess, table tennis and other games with my brother, sisters and friends at home. Sometimes I worked in the garden on the bank of a river and in the hills. I swam every day in a lake which is between a mountain and a hill and is formed by some spring water.

I returned to school July 13 and on July 14 went on duty in the hospital.

THREE prizes of $250, $100 and $50 offered by the Harmon Foundation through Survey Associates will be awarded the best unpublished manuscripts dealing with some experiment, invention or achievement in the field of public health.

Whatever the subject, it must be so presented as to be intelligible and interesting to lay readers.

The winning papers will be published in The Survey and in collaborating newspapers.

For conditions, address The Survey Associates, 112 East 19th St., New York.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

Insurance for Endowments

ALUMNAE and other Associations concerned with building and endowment funds for scholarships, beds, or general endowment, should consider the advantages of the systematic savings of insurance. The plan has been used most satisfactorily by classes in colleges and universities. It requires some vision.

Twenty-year policies on the lives of some of the younger members can be taken out, the payment of about $245 yearly on a $5,000 endowment to be made by the Association, and the Association to be the beneficiary.

The cost of such policies is relatively low and the investment is a very safe one. If dividends are left with the insuring company, they draw compound interest, so that at the end of the twenty-year period the amount to be paid the Association is not $5,000 but about $6,875.

Like all insurance plans, it has the merit of demanding continuous saving.

New York R. N.

Payment for Officers and Speakers?

I BELIEVE there is a wrong that should be righted, and I would like, through the columns of the *Journal*, to draw attention to it.

In the early history of nursing, it was necessary for our leaders to give freely of their time and strength to nursing affairs. They assisted with organization work, gave lectures, and classes, and made addresses without a thought of remuneration, but those were sacrificial pioneer efforts, and some of the sacrifices of the early days are no longer necessary.

Twenty-five years ago a nurse had a limited choice of work when she left the hospital. Now, there are so many interesting avenues to attract her that she does not know which to take. Our profession is unique, in that the different fields of nursing are not over-crowded and each offers a fair remuneration. Because of this, it is high time for us to decide that those of our number who have given years of conscientious, sacrificing work shall no longer be expected to give their services without remuneration.

It takes considerable time and strength to prepare addresses, in addition to carrying on one's regular work, and this fact should have monetary recognition. Consequently, a request to make an address, at any of our numerous meetings, commencements, etc., should carry with it, not only repayment of money expended for traveling expenses, but a definite honorarium.

Pennsylvania A.

Opportunity in Italy

THE Anglo-American Nursing Home in Rome has accommodation for about twenty patients, and an outdoor staff of twenty nurses for private work in any part of Italy. All the nurses employed are graduates, and are either British or American.

In addition to the permanent staff, graduate nurses are taken for short engagements during the busy season, i.e., from Christmas to midsummer. In cases where a personal interview between the matron and the candidate has not been possible, it is customary to enter into an engagement of not more than four months, although nurses often find that they can prolong their stay if they wish.

The salary is at the rate of seventy-two pounds sterling a year, for members of the temporary staff, with board, lodgings and laundry. An allowance of between eight and nine pounds sterling towards traveling expenses is made at the end of nine months' service. Nurses are required to nurse either inside the Home or out, and to keep the rules of the establishment. A knowledge of languages is a great advantage, especially French or Italian, although the great majority of the patients are American or British. All applications are made to The Matron, Anglo-American Home, 265 Via Nomentana, Roma, Italy.

[*The above information comes from Anna C. Maxwell who, on a recent visit, was impressed with the quality of this nursing service and with the opportunity such an institution presents well trained and well educated nurses who wish to live in Italy long enough to really appreciate the life of the people.*—EDITOR.]

From South Africa

(From a personal letter)

A HOSPITAL building is to be erected this year—but it probably means two years before we shall be established in it.

First of all we wait until April or May,

when the tropical rains cease, then the bricks have to be made, trees felled, sawed into lumber and cured, doors, windows, cupboards and shelves, flooring boards and ceiling boards, etc., all prepared by raw natives—and they are too slow for description! Two carpenters took six weeks to make us a medicine closet—just plain shelves, it hasn't any doors on it yet!

I am so infatuated with the beauty of Nyassaland, I love it here more every day. The woods are dense and filled with beautiful flowers; big ferns, palms, bamboos, and creepers make every walk one takes just fascinating.

The staff here comprises four European families and myself.

The natives are not the wonderfully healthy virile specimens we read about when people are advocating the simple life and simple diet. Their simple diet leads to all kinds of malnutrition diseases—rickets, scurvy, pyorrhea, skin eruptions of all kinds. They have hookworm and bilharzia, malaria and leprosy, so that we are having quite an interesting selection of cases.

The doctor has given over 800 injections of tartar emetic for bilharzia in the last four months. He charges 12 cents for the course of treatments!

Nyassaland M. D. I.

From Syria

(Excerpts from letters)

UNTIL the last two or three years they used chloroform almost exclusively here in Beirut. Then they engaged an American anaesthetist, who introduced ether. I now use that almost exclusively, only using chloroform or somnoform for inductions or minor operations. I still use chloroform for the eye operations. The surgeon is acquiring a great fondness for local anaesthetics and uses them whenever possible.

Our winter is all rain, but I suffered from the cold more than I ever have in my life. The floors are of stone, in the hospital buildings there is a great inadequacy of rugs, and one's feet are always damp. Also, the walls are of cement and collect much dampness. Fires are an unknown quantity. Beirut is situated on the coast, nestling in a curve of the Lebanon mountains and facing the Mediterranean, and at certain times of the year nothing more beautiful could be desired. The sea is almost as blue as the sky that arches over it and is dotted all over with the snow-white sails of tiny boats. And beyond the sea are the hills of Lebanon, with little verdure of any kind, but clothed in a most fascinating variety of colors, a mystery of lights and shadows. The sunsets and sunrises are, to me, surpassed only by those of Arizona. And quietly nestled in the hollow between, are the gray-white houses with their quaint red roofs with here and there, the tall spires of the minarets.

Beirut D., R.N.

Journals on Hand

Frances Conner, 179 Lincoln Avenue, Orange, N. J., has copies of the *Journal* which she will be glad to send if postage is furnished: November, 1920, to the present, a complete file with the exception of December, 1924, and January, 1925.

Journals Wanted

Katherine E. Dougherty, Superintendent of Nurses, Minneapolis General Hospital, Minneapolis, Minn., will pay more than the current price for the following numbers of the *Journal*, needed to complete a file: 1905, October and December; 1906, March; 1907, February and April.

The Headquarters Office of the American Nurses' Association, 370 7th Avenue, New York, will be glad to pay for the following numbers of the *Journal*, needed to complete a file: 1900, October; 1902, September, October, December; 1903, January, February, April through September; 1904, May; 1905, February, August September, December.

Questions

14. Do nurses entering the United States Navy Nurse Corps receive the rank of commissioned officer as they do in the Army?

Answer.—"Navy Nurses, though having pay, privileges, and emoluments as are provided by law for members of the Army Nurse Corps, do not have the title of relative rank."

BEATRICE BOWMAN, R.N.,
Superintendent Navy Nurse Corps.

Note.—Anonymous questions cannot be answered in this Department, as they indicate a lack of good faith on the part of the questioner.

Advice on Use of Rouge

TO GET just the right tint on the cheeks, buy only the best rouge, hide it in a safe place about two miles from home and walk out and back once a day to see if it is still there.

—Adapted from Jour. A. M. A. by Wisconsin Board of Health Bulletin.

NEWS

[*Note.*—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A marriage or death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

The American Nurses' Association

Orders will be received at Headquarters for the Accredited List of Schools for 1926, the Digest of Laws for 1926, and the Proceedings of the 1926 Biennial Convention. All orders for the Proceedings must be in Headquarters on or before July 15, as none may be filled after that date; the price will be 25 cents. A limited supply of the six volumes of the International Council of Nurses' Bulletin, published by Christiane Reimann, is still available at $3 a set.

Carrie E. Clift, president of the South Dakota States Nurses' Association, was a visitor at Headquarters last month on her way to the Biennial Convention. She reported that South Dakota nurses are busy preparing for their annual convention at Pierre on June 8, 9, 10 and 11. One of the features of the sessions will be the reports of delegates from the Biennial. On her trip east, Miss Clift stopped to visit a number of celebrated nursing schools and hospitals. She said that the membership of the South Dakota State Nurses' Association is now 150.

Nurses' Relief Fund

This fund exists to help members of the American Nurses' Association who are ill and cannot pay all of their own expenses. The amount paid is based on the need of the applicant and rarely exceeds $20 per month.

REPORT FOR APRIL, 1926

Balance on hand, March 31, 1926	$15,739.32
Interest on bonds	362.12
Interest on bank balance	26.26
California: Dist. 1, $2; Dist. 3, $30; Dist. 5, individual members Lutheran Hosp. Alum., $105; other district members, $8; Dist. 10, $19; Dist. 18, $5	169.00
Georgia: District 3	25.00
Iowa: Dist. 7, $22; Dist. 4, $27; individual member, $5	54.00
Kansas: Kansas State Nurses' Assn.	38.00
Massachusetts: Worcester City Hosp. Alum., $25; Melrose Hosp. Alum., $5	30.00
Michigan: Blodgett Memorial Hosp. Alum., $25; Marquette Dist., $36; Grace Hosp. Alum. Assn., $65; Flint Dist., $83; Houghton Dist., $20; Lansing Dist., $76; St. Joseph Dist., $14; Battle Creek Sanitarium Alumni, $8; individual member, $1	328.00
Minnesota: Dist. 3, individual members, $5; Asbury Hosp. Alum., $15; St. Andrew's Hosp. Alum., $14; Minneapolis General Hosp. Alum., $25; Dist. 4, Mounds Park Hosp. Alum., $1; Ancker Hosp. Alum., $73	133.00
Mississippi: Mississippi State Nurses' Assn.	215.20
Missouri: Kansas City General Hosp. Alum.	104.00
New Hampshire: New Hampshire Hosp. Alum., $5; New Hampshire State Hosp. Alum., $25	30.00
New York: Dist. 9, Samaritan Hosp. Alum., $25; Saratoga Hosp. Alum., $25; Dist. 13, individual member, $5; New York Post Graduate Hosp. Alum., $25; United Hosp. Alum., Port Chester, $15; Dist. 14, Wyckoff Heights Hosp. Alum., $20	115.00
Ohio: Dist. 1, $53; Dist. 2, $12; Dist. 3, St. Elizabeth's Alum., $7; individual members, $6; Dist. 4, individual members, $100; W. R. U. Alum., $150; St. Luke's Alum., $100; Cleveland Training School Alum., $65; Charity Hosp. Alum., $50; Good Samaritan Alum., $20; Glenville Hosp. Alum., $25; Lutheran Hosp. Alum., $16; individual member, $12; Dist. 8, individual members, $50; Deaconess Alum. Assn., $65; Cincinnati General, Assn., $50; Christ Hosp. Alum., $35; Jewish Hosp. Alum., $35; Bethesda Hosp. Alum., $25; District 9, individual members, $50; St. Vincent's Alum., $50; Toledo Hosp. Alum., $25; Robinwood Alum., $15; Flower Alum., $10; Lucas County Alum., $5; Dist. 10, $50; Dist. 11, $23.75; Dist. 12, $61;	

Dist. 14, $11; Youngstown Hosp., Alum., $25; Warren Hosp. Alum., $25; 19 individual members, $19	1,245.75
Pennsylvania: Dixmont Hosp. Alum.	6.00
Washington: Kings County Nurses' Assn.	25.00
Wisconsin: Columbia Hosp. Alum.	25.00
	$18,670.65

Disbursements

Paid to 104 applicants	$1,567.00	
Expenses in operating fund (covering the months of Jan., Feb. and March)	333.30	
Postage	50.00	
Stationery	182.00	
Rental of safety deposit box	15.00	
Exchange on checks	1.20	
Committee chairman, postage and telephone	2.50	
Int. required on purchase of U. S. Liberty Bonds	10.67	
Interest required on purchase of Am. Tel. & Tel. bonds	10.00	
Total disbursements		2,171.67
Balance on hand, April 30, 1926		$16,498.98
Invested funds		101,757.86
Balance in American Nurses' Assn. Nurses' Relief Fund Savings Account		5,140.23
		$123,397.07

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks directly to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries and requests for leaflets and other information, address the Director at the American Nurses' Association Headquarters.

A Correction.—In the report of the Relief Fund for December, 1925, under Minnesota, the contribution from District 5 should read individual members, $28.

The Isabel Hampton Robb Memorial Fund

A fund derived from voluntary contributions; used for granting scholarships.

REPORT TO APRIL 3, 1926

Previously acknowledged	$30,499.44

Receipts

California: Dist. 5, $10; Dist. 18, $25	35.00
Iowa: Dist. 6	10.00
Massachusetts: Melrose Hosp. Nurses' Alum., $5; Norfolk and Suffolk County Branch, $15; Newton Hosp. Nurses' Alum., $25	45.00
New York: Post Graduate Hosp. Nurses' Alumnae (New York City)	5.00
Pennsylvania: Nurses' Alum., Presbyterian Hosp., Philadelphia	25.00
Tennessee: Registered Nurses' Association, Nashville Dist.	10.00
Washington: Graduate Nurses' Association of Kings County, 2d Dist., Seattle	5.00
	$30,634.44

MARY M. RIDDLE,
Treasurer.

The McIsaac Loan Fund

A fund derived from voluntary contributions, used to grant loans for educational purposes.

REPORT TO MAY 10, 1926

Balance, April 3	$145.79
Interest	.11

Receipts

California: Dist. 5, $10; Dist. 18, $25	35.00
Iowa: Dist. 6	20.00
Massachusetts: Norfolk and Suffolk County Branch	25.00
New York: Post Graduate Hosp. Nurses' Alum. Assn., New York City	5.00
Washington: Dist. 2,	5.00
	$235.90

Disbursements

April 3, loan	100.00
May 10, balance	$135.90

MARY M. RIDDLE,
Treasurer.

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

Isabel Hampton Robb Memorial Fund Scholarships

On May 1, when the lists for applicants for scholarships for the coming year were closed, twenty-one applications had been received. Of these, two withdrew, three were ineligible, two were referred to the LaVerne Noyes Scholarship Fund, as they had had war service. The five scholarships of $250 each were awarded to the five who stood highest, who were:

Geraldine R. Rang, Lakewood Ohio (Vassar Camp and Boston City Hospital).

Marion H. Wells, Waterbury, Conn. (Massachusetts General Hospital).

Mildred H. Shellenberger, Philadelphia (Presbyterian Hospital, Philadelphia).

Frances H. Zeigler, Atlanta, Ga. (Johns Hopkins Hospital).

Lettie A. Christensen, Rochester, Minn. (Ancker Hospital, St. Paul).

A Bill

To provide retirement for the Nurse Corps of the Army and Navy.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That when a member of the Army Nurse Corps or the Navy Nurse Corps shall have served thirty years, or shall have reached the age of fifty years, having served twenty years, she may, in the discretion of the Secretary of War or the Secretary of the Navy, respectively, be retired from active service and placed on a list, hereby created in each of the aforementioned services and designated the "Nurse Corps Retired List," in the grade to which she belonged at the time of her retirement.

SEC. 2. That the annual pay of a retired member of the Army Nurse Corps or the Navy Nurse Corps shall be 3 per centum of the annual active base pay which she is receiving at the time of retirement multiplied by the number of complete years of service rendered prior to retirement, but not exceeding 75 per centum of such annual active base pay; and, in addition, supplemental annual retired pay for each complete year of active service rendered prior to retirement in each of the grades hereafter named, as follows: Chief nurse, $18; assistant superintendent, $45; director, $45; assistant director, $45; superintendent, $75: *Provided*, That in computing the period of service in any grade for such supplemental retired pay any period less than a year served in any higher grade may be included.

SEC. 3. That for the purpose of computing eligibility for retirement and retired pay, there shall be credited active service in the Army Nurse Corps and in the Navy Nurse Corps, active service as contract nurse prior to February 2, 1901, and service as a reserve nurse on active duty since February 2, 1901.

SEC. 4. That retired nurses shall be authorized to bear the title and may, under such regulations as may be prescribed by the Secretary of War or the Secretary of the Navy, wear the uniform of the grade held at the time of retirement, and, in time of war or national emergency, may be employed on active duty, in the discretion of the Secretary of War or the Secretary of the Navy, and when so employed shall receive the full active pay and allowances of their respective grades.

Army Nurse Corps

During the month of April, 1926, the following named members of the Army Nurse Corps were transferred to the stations indicated: To station hospital, Fort Eustis, Va., 2nd Lieut. Anna F. O'Donnell; to Fitzsimons General Hospital, Denver, Col., 1st Lieut. Mary E. Sheehan, 2nd Lieut. Katherine Dwyer; to Letterman General Hospital, San Francisco, Cal., 2nd Lieuts. Sara C. Brogan, Elizabeth Michener; to station hospital, Fort Sam Houston, Texas, 1st Lieut. Bessie S. Bell, 2nd Lieuts. Florence M. Bailly, Josephine Kennedy, Zora M. Ballard; to station hospital, Fort Totten, N. Y., 2nd Lieut. Barbara A. MacNabb; to the Philippine Department, 2nd Lieut. Alida J. Garrison; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Sarah E. Holden, Florence Robinson, Anna M. Walsh.

Four have been admitted to the corps.

The following named are under orders for separation from the service: Velma Marie Allen, Lydia M. Birkland, I. Nancy Bostic, Mary M. Brady, Laura Broghamer, Dorothy Fitts, Lois Hughes, Catherine Lynch, Loretta McAleer, Lillian Pritkin, Sara M. Raport, Edith I. Rood, Nell Smith, Wilma M. Wallace.

JULIA C. STIMSON,
Major, Army Nurse Corps.

Navy Nurse Corps

REPORT FOR APRIL

Appointment: One.

Transfers: To Canacao, P. I., Sarah I. Hart, Louise E. LeClair, Nelle M. Alexander, N. Eva Wolfe, Josephine Corbett and Ida A. Netter; to Guam, Anne M. Bombard, Williamina M. Laurenson, Nancy Erwin, Nurse; to League Island, Pa., Myrtle I. Carver; to Norfolk, Va., Lena B. Coleman, Chief Nurse, Laura A. Roburds, Lillian R. Cornelius; to Pearl Harbor, T. H., Agnes Puck, Ruth Ingram; to Quantico, Va., Ida L. Hodge, Chief Nurse; to Twelfth Naval District, Margaret M. Aughivan, Annie Leighton, Laura M. Gibson, Nellie M. Skinner.

Honorable Discharge: Helen M. Mechlin, Cornelia S. Brown and Mazie D. Sowell.

Resignations: Gladys Martin, Priscilla B. Teele and Anna M. Jaeger.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Nursing Service

REPORT FOR APRIL

Transfers: To Ellis Island, N. Y., Elizabeth Burke, Anna Walsh; to Stapleton, N. Y., Josephine Small, Ida Holbrook; to Boston, Mass., Pauline Senter; to Key West, Fla., Anna O'Meara; to New Orleans, La., Daisy Mount, Marguerite Lincoln; to Port Townsend, Wash., Ethel Maynor.

Reinstatements: Helena Bonner, Eleanor Martin, Jessie MacFarlane.

New Assignments: Three.

The Superintendent of Nurses has made a tour of inspection of the Coast stations, Memphis, Louisville, and the trachoma hospitals in Kentucky.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau, Nursing Service

REPORT FOR APRIL

Assignments: 52.

Transfers: To Algiers, La., Frances E. Crosby, Gertrude Littel, Cora Godfrey, Pauline Chamberlain; to Newark, N. J., Ruth Young; to Aspinwall, Pa., Emma Dosall, C.N., Belle McAtee; to Oteen, N. C., Mabel Phillson; to Livermore, Calif., Helen J. Waller, Teresa Hentges; to Tacoma, Wash., Hannah Atkinson, Asst. C. N.; to N. Chicago, Ill., Mabel M. Morse, Mabel A. Gray, Asst. C. N.; to Alexandria, La., Gertrude Moran; to Kansas City, Mo., Virginia Oakley, C. N.; to Philadelphia, Pa., Florence Pelton, C. N.

MARY A. HICKEY,
Superintendent of Nurses.

THE AMERICAN ASSOCIATION FOR THE STUDY OF THE FEEBLE MINDED will hold its fiftieth annual session at the King Edward Hotel, Toronto, June 3-5.

Florence Nightingale Services

Michigan: Detroit.—Under the auspices of the Detroit Branch of The Guild of St. Barnabas, twenty-six nursing organizations of Detroit united in observing the one hundred and sixth anniversary of the birth of Florence Nightingale, at St. Paul's Cathedral, on May 9. About 900 nurses participated in the service. Chester B. Emerson, D.D., preached the sermon.

New Jersey: Orange.—The Guild of St. Barnabas for Nurses held a service for doctors and nurses, in honor of Florence Nightingale, on May 9, at Grace Church. The service was conducted by Dr. Charles Thomas Walkley, Chaplain of the Guild, and was impressive and inspiring. Over 400 nurses attended and about fourteen alumnae associations were represented. The church was filled to its capacity.

New York.—On May 9, Saint Barnabas Guild again honored the memory of Miss Nightingale and the nurses who died in service with a beautiful and heart stirring service in the Cathedral of St. John the Divine. The nave was filled with nurses in uniform, students in the colors of their schools, and graduates in white. The choir was filled with invited guests, administrative nurses in their white uniforms, Teachers College faculty, students in cap and gown, and Henry Street Nurses in their well-known gray. In the chancel were Navy Nurses, and members of the Legion and, on the chancel steps, Red Cross nurses, showing the glowing lining of their capes. The addresses were by Bishop Manning of New York, Bishop Stearly of New Jersey, and Haley Fiske, President of the Metropolitan Life Insurance Company. Mr. Fiske spoke with wide knowledge and stimulating emphasis of the service visiting nurses are rendering throughout this country.

Utica.—On the evening of May 9, the nurses from District 7, held a most impressive service at the First Presbyterian Church, "in memory of Florence Nightingale and all nurses who have given their lives in love of duty." About 350 nurses were in the procession. The

roll was called by the Rev. Philip S. Bird, D.D., and as each name was called, a nurse responded, "Here for Her." For Sophia A. Palmer, first editor of *The American Journal of Nursing*, Katharine DeWitt responded; for Isabel Hampton Robb, a pioneer in nursing education, Jessie Broadhurst, a graduate of Columbia University, through the Department of Education which Mrs. Robb helped to found; for Jane A. Delano, Director of the American Red Cross in the World War, Stella Jenkins, Director of Red Cross Nursing Service in Utica; for Anne Strong, a pioneer in Public Health Nursing, Pearl Kammerer, Director of Utica Visiting Nurse Association; for Mary K. Carnes, an alumna of Faxton School of Nursing, who gave her life abroad, Susan Daymont, a friend and associate overseas; for Florence Nightingale, a probationer gave the response, holding a lighted lamp of the type Miss Nightingale used. The speaker was Alfred W. Martin of New York.

Commencements

California:

Stanford School of Nursing, San Francisco, a class of 38, on May 12, with an address by Rev. W. K. Guthrie.

Colorado:

Children's Hospital, Denver, a class of 14, on April 21, with an address by Dr. C. B. Ingraham.

Connecticut:

Grace Hospital, New Haven, a class of 33, on May 12, with an address by Mary M. Roberts.

St. Joseph's Hospital, Willimantic, a class of 11, on May 12, with an address by Edward J. Ottenheimer, M.D.

Georgia:

Grady Hospital Training School, Atlanta, a class of 11, on May 12.

The La Mar Training School, Augusta, a class of five, on April 25, with an address by R. S. Tomlin, M.D.

University Hospital, Augusta, a class of 22, on April 23, with an address by Hon. Isaac S. Peebles, Jr.

Illinois:

Passavant Hospital, Jacksonville, a class of 9, with an address by Dr. H. C. McLellan.

Presbyterian Hospital, Chicago, a class of 55, with an address by Mrs. Charles W. Gilkey.

Indiana:

Reid Memorial Hospital, Richmond, a class of 8, on May 18.

Minnesota:

Ancker Hospital Training School, St. Paul, a class of 47, on May 25.

St. Mary's School of Nursing, Rochester, a class of 34, on May 12.

Swedish Hospital School of Nursing, Minneapolis, a class of 32, May 12.

Missouri:

Grace Hospital, Kansas City, a class of 10, on May 17.

Missouri Baptist Sanitarium, Saint Louis, a class of 25, on May 6.

St. Mary's Hospital, Kansas City, on May 29.

Nebraska:

Nebraska Methodist Episcopal Hospital, Omaha, a class of 25, on May 18, with an address by Clarence Eugene Allen, D.D.

University Hospital, Omaha, a class of 16, on June 5.

New Hampshire:

Elliot Community Hospital, Keene, a class of 2, on April 1.

New Jersey:

Cooper Hospital, Camden, a class of 11, on May 4, with an address by Hon H. B. Wells.

Hackensack Hospital, Hackensack, a class of 28, on May 12.

Homeopathic Hospital of Essex County, East Orange, a class of 13, in May.

Jersey City Hospital, Jersey City, a class of 28, on May 12.

Morristown Memorial Hospital, Morristown, a class of 15, on May 27, with an address by Dr. Frederick T. Van Beuren, Jr.

Newark City Hospital, Newark, a class of 29, on May 26.

Hospital of St. Barnabas, Newark, a class of 15, on April 23, with an address by Mary M. Roberts.

New York:

Bellevue School of Nursing, New York, a class of 21, on April 28.

City Hospital School of Nursing, Welfare Island, a class of 23, on May 13.

Fifth Avenue Hospital, New York, a class of 12, on May 12.

Harlem School of Nursing, New York, a class of 11, on May 5.

Lockport City Hospital, Lockport, a class of 2, on May 4, with an address by Katharine DeWitt.

Presbyterian Hospital School of Nursing, New York, a class of 49, on May 6.

Prospect Heights Hospital and Brooklyn Maternity School for Nurses, a class of 10, on May 6.

Ohio:

Jewish Hospital School of Nursing, Cincinnati, a class of 18, on May 27, with an address by David I. Wolfstein, M.D.

Oklahoma:

Morningside Hospital and Training School for Nurses, Tulsa, a class of 7, on May 28, with an address by Fred Y. Cronk, M.D.

Pennsylvania:

The Allentown Hospital, Allentown, on May 20, with an address by Irvin D. Metzger, M.D.

Harrisburg Hospital, Harrisburg, a class of 17, on May 24.

McKeesport Hospital, McKeesport, a class of 17, in May.

Washington Hospital, Washington, a class of 7, on May 11.

Wilkes-Barre General Hospital, Wilkes-Barre, a class of 29, on May 14, with an address by W. Russell Carr.

Vermont:

Brightlook Hospital, St. Johnsbury, a class of 11, in May.

Virginia:

Stuart Circle Hospital School of Nursing, Richmond, a class of 12, on May 24.

Wisconsin:

St. Agnes Hospital School of Nursing, Fond du Lac, a class of 13, on May 12.

State News

The annual meeting of the ARIZONA STATE NURSES' ASSOCIATION was held April 5 and 6 in Yuma. The principal speakers during the two days were: A. Louise Dietrich, Secretary-treasurer of the State Nurses' Association of Texas; Margaret Rice, Editor of the *Pacific Coast Journal of Nursing*, San Francisco, California; Mary Elizabeth Davis, Public Health Nurse, of the California State Board of Health; Marie Phelan, with the Federal Children's Bureau, Washington, D. C. The meeting was well attended and greatly enjoyed by nurses from all over the state. The following officers were elected for the year: President, Mrs. Gertrude Russell, Phoenix; vice presidents, Ellen Harrison, Globe, and Charlotte Wallace, Prescott; secretary, Mary Colby, Yuma; treasurer, Mrs. Ruth Gordon, Yuma; directors, Mrs. Frances Geffs, Tucson, and Mrs. Ann Wylie, Phoenix.

California: THE CALIFORNIA STATE NURSES' ASSOCIATION, CALIFORNIA LEAGUE OF NURSING EDUCATION, and the STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will meet in Long Beach for their joint annual convention, June 28-July 2. **San Jose.**—THE NORTHERN BRANCH OF THE CALIFORNIA STATE LEAGUE OF NURSING EDUCATION met at the San Jose Hospital, April 16. The program consisted of the discussion of submitted questions which had been begun at the February meeting: Dishonesty in records; Should a nurse refuse 24-hour duty? Distinguishing Senior students from others; Should preliminary students chart? How carefully should students' rooms be inspected? Under what circumstances might students be transferred to other schools? The League accepted the invitation of the San Francisco Nurses' Association, District Number One, to provide the program for their April meeting. The following subjects were presented: The Work and Aim of the League, Lillian L. White; Coöperation of the Private Duty Nurse and the Hospital, Ruth Gustafson; Some Indications That We Are Progressing Scholastically, Sarah G. White.

Colorado: THE COLORADO SPRINGS NURSES' ASSOCIATION held its annual meeting with a luncheon, on April 7. An interesting talk was given by Josephine Glenn, the efficient chairman of the Program Committee. Prizes for perfect attendance had been purchased from small contributions made at the meetings and these were distributed. The treasurer reported over $1,500 in the treasury. The registrar, Caroline J. Miller, reported an increased number of calls. She gave an interesting talk on Coöperation. The Credential Committee showed a growth in membership from 138 to 157. Thirty-six ill nurses have had calls or have received flowers or fruit. Officers were elected: President, Jessie Stewart; vice president, Bertha Miller; recording secretary, Esther Carrothers; corresponding secretary, Ada Cooper; treasurer, Agnes Muselik. The meeting concluded with an account of her Alaskan trip, by Emma F. Miller.

Connecticut: Winsted.—The White Triangle Club of The Litchfield County Hospital gave a comedy, the proceeds of which were used to send a student nurse to the Convention in Atlantic City.

District of Columbia: THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA held its annual meeting, May 3, at 1337 K Street, N. W. The reports from the standing committees were read and approved and the following officers re-elected for the

coming year: Gertrude H. Bowling, president; I. Malinde Havey, vice president; Mrs. Frances M. Elsey, corresponding secretary; Elizabeth Melby, recording secretary; Katherine Douglass, treasurer. The two new Councilors elected were Elizabeth Fox and Rachel Colby. The president's address featured the growth of the Club in the past year and gave promise of special accomplishment for 1926-1927. THE D. C. LEAGUE OF NURSING EDUCATION was entertained at its regular meeting by the Instructive Visiting Nurse Society, April 22. After the business meeting, Commodore Longfellow of the Life Saving Service, American National Red Cross, gave a most interesting and instructive demonstration.

Georgia: Atlanta.—THE FOURTH DISTRICT NURSES' ASSOCIATION held its monthly meeting April 28, at the Orglethorpe Sanitarium. Twenty-eight members were present. After the regular business, May Williams spoke to the nurses about the University which is to be erected as a memorial to the soldiers who died in the World War.

Illinois: Decatur.—DISTRICT THIRTEEN held its regular meeting on May 4, at the Macon County Tuberculosis Sanatorium. Rev. F. W. Ingoolstadt gave a most inspiring talk on Creative Thought in the Healing Ministry. THE DECATUR AND MACON COUNTY ALUMNAE ASSOCIATION has elected the following officers: President, Marie Wilcox; secretary, Lydia Hackman; treasurer, Josephine Berry. A Graduate Nurses' Club with a membership of fifty, was organized on April 3. Membership is open to all graduates in the city. The Club, on May 12, gave a tea at the Decatur and Macon County Hospital, for all high school graduates in Macon County. Gunhuild Johnson, Supervising School Nurse, will leave on June 13, with Doctor Grenfell's expedition to Labrador. **Springfield.**—THE SECTION ON HEALTH AND PHYSICAL EDUCATION of the South Central Teachers' Association, held a meeting on March 26, with addresses on Physical Education Program in the Grades, by Mary Augustine; Open Air School, by Lucretia Hutchinson. ST. JOHN'S SCHOOL OF NURSING, in a recent issue of the *St. John's Echo*, gave an interesting history of the School of Nursing, and the Alumnae Association.

Indiana: Marion.—The regular meeting of the FIRST DISTRICT ASSOCIATION was held at the Y. W. C. A., May 8, with Grant County Hospital Alumnae as hostesses. A most instructive and interesting paper on Public Health was read by F. A. Priest, M.D. The July meeting was cancelled. The next meeting will be held September 11. **Richmond.**—THE REID MEMORIAL HOSPITAL ALUMNAE ASSOCIATION entertained the members of the graduating class at their meeting, May 19. The Association is extending an invitation to all members of the Fourth District to hold a joint meeting in July, at a date to be announced.

Kentucky: THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting in Louisville, at the Kentucky Hotel, June 10-12.

Massachusetts: THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration, June 15 and 16. Applications should be filed fourteen days in advance of the examination date. Frank M. Vaughan, Secretary, State House, Boston. THE MASSACHUSETTS STATE NURSES' ASSOCIATION will give a banquet to Mary M. Riddle, retiring Chairman of State Board of Registration of Nurses, on June 4. Miss Riddle has served as Chairman since 1910. On June 5, the Annual Meeting will be held at the John Hancock Building. Sessions conducted by Massachusetts League of Nursing Education and Private Duty Nurses' Section will be held here. The Public Health Section will meet at The Boston Public Library. At 1 p. m., a buffet luncheon will be served by the Private Duty Nurses' Section at the New England Women's Club, 585 Boylston Street. The speakers at the banquet are to be Jessie E. Catton, President; Carrie M. Hall, President National League of Nursing Education; Sally Johnson, President Massachusetts League of Nursing Education; and Josephine Thurlow of State Board of Registration. Mrs. Jennie L. Barrow of the Boston School Committee will address the group at the Annual Meeting, June 5. **Boston.**—THE MASSACHUSETTS WOMAN'S HOSPITAL ALUMNAE ASSOCIATION held a meeting on March 3. The officers are: President, Mrs. Rodney Pratt; vice presidents, Emily Carshon, Christine Leavitt; secretary, Mary Mooney; treasurer, Alice B. Goodrich. Plans for the reunion and methods for raising money for a sick bed fund were discussed. A new pin was chosen for the school, the die to be paid for by the Alumnae. St. Elizabeth's Hospital Alumnae Association held its annual meeting, April 28, and elected officers as follows: President, Sarah Campbell; vice president, Jane Cullitan; secretary, Margaret Conlin; treasurer, Mrs. James Devlin; and

three councilors. Heartfelt thanks were tendered Margaret Doherty, retiring president, for her untiring efforts in behalf of the Association for the last three years. **Worcester.**—The annual meeting of the Westborough State Hospital Nurses' Alumnae Association was held in Worcester at the home of Mrs. Marion McDonald Jordan, on February 11. A complete renomination of officers for the ensuing year was made: President, Mrs. Bertha Hart Burt; vice president, Mrs. Annie L. Taylor; secretary, Mrs. S. Ellen Wood de Almeida; treasurer, Mrs. Sarah McDonald. Following the business meeting, Alice Weston of the Peter Bent Brigham Hospital, gave a very interesting address on the work and aims of the Massachusetts Nurses' Association.

Michigan: A joint meeting of the Michigan State Nurses' Association and the State League of Nursing Education was held in Grand Rapids, April 27-30. The first day was given over to the business meetings of the League and the Association. In the evening a theater party was given for the delegates. At the meeting of the State League, on the afternoon of the 28th, Mary E. Gladwin gave a very inspiring and instructive talk. The evening's program was in charge of the Public Health Section and a dinner meeting was held with Dr. Carolyn Hedger, as the principal speaker. Doctor Hedger gave a very helpful talk on the health of the nurse. The afternoon program on the 29th was in charge of the State Red Cross Committee. Miss Gladwin gave a very interesting address and later conducted a round table for student nurses, at which over one hundred nurses were present. In the evening the Nursing School Committee gave a very enjoyable dinner to the visiting and local student nurses, at which Miss Gladwin was the guest of honor. The morning of the 30th was given over to unfinished business and the election of officers. The Association voted unanimously to continue the work of the General Secretary, the districts assuming the necessary expense. Each district will be prorated according to membership. Miss Wheeler, the General Secretary, gave a most interesting report of the work done during the past eight months. Every District and Alumnae Association in the State has been visited and talks given to Senior students. Meetings have been held with Hospital Boards of Directors and Nursing School Committees and all feel extremely fortunate in having Miss Wheeler continue her work for another year. The Membership Committee reported an increase of over 400 new members. The next convention will be held in Marquette. The election of officers resulted as follows: State Association, President, Grace Ross, Detroit; vice presidents, Marie S. Brown, Ishpeming, and Jessie McRae, Grand Rapids; recording secretary, Mrs. Edith Jones Wright, Detroit; corresponding secretary, Mabel E. Haggman, Hurley Hospital, Flint; treasurer, Abbie Bayne, Detroit; councilors, Mrs. Lystra E. Gretter, Detroit, and Mary A. Welsh, Grand Rapids. Standing committees are: Ways and Means, Mary E. Redman; Nominating, Flora Burgdorf; Nurses' Relief Fund, Mrs. Mary S. Foy; Program, Olive Pendill; Legislative, Emilie Sargent; Finance, Eleanor Hamilton. The officers of the League are: President, Alice L. Lake, Ann Arbor; vice president, Mrs. Louise E. Fiest; secretary, Helen M. Pollock, Flint; treasurer, Elizabeth E. Watson, Grand Rapids. **Lansing.**—The April meeting of the Lansing District was held at the Michigan State College Hospital, Lansing, Candace Appleton, hostess. Kathryn Hart discussed the many problems occurring in the registration office of the Michigan State Nurses' Association. The Lansing district held the May meeting at St. Lawrence Hospital with the Graduating Class of 1926, from St. Lawrence and Edward W. Sparrow Hospitals as their guests. Two very interesting papers were read on Diabetic Cases by Seniors of St. Lawrence and a demonstration of a Number 3 diabetic diet was displayed. Elizabeth Robinson gave a short talk on the recent state convention held in Grand Rapids. **Muskegon.**—The Hackley School of Nursing has recently organized a students' club by which it hopes to encourage the musical, dramatic and literary interests of its members. The members of this club have launched forth with enthusiasm, upon a promising and ambitious program which will not only develop their own talents, but bring before the association some of the finest musicians and speakers of the community. Since Parliamentary Law is observed, and two critics appointed for each meeting, conducted solely by students, the members cherish a fond hope that this organization will not only assist them to act with better grace in their student activities, but to make them more capable of taking their proper place in the community when they have graduated. The Muskegon District held its regular meeting at the Hackley Nurses' Home, May 5. As it was "Music Week," an especially good musical program was rendered and the reports from the State Meeting were given. Dr. C. L. O.

Oden gave a very instructive talk upon his work in the European Clinics. Viola Anderson has resigned her position at Hackley Hospital and has been succeeded by Gladys Cunningham of Portsmouth, Ohio.

Minnesota: Minneapolis.—The Swedish Hospital School of Nursing celebrated its twenty-fifth anniversary on May 13, with a banquet at the Nicollet Hotel. During the quarter of a century the number of graduates has increased from three to approximately thirty-eight, and the number of nurses graduated is 450. About 150 of those are now actively engaged in some form of nursing in our country, and seven are doing missionary work in foreign fields. The members of the class of 1926, together with those of the first graduating class, were guests of honor. Dr. C. J. Petri, who was toastmaster at the first banquet, served in the same capacity at this. A Historical Sketch was given by Rev. E. O. Stone; Birthday Congratulations, E. G. Dahl, President of the Board of Trustees; addresses were given by Dr. Hilding Berglund, University of Minnesota; Dr. E. S. Geist, Chief of the Medical Staff, Swedish Hospital; Ida C. L. Isaacson, Directress of the School of Nursing, spoke on Then and Now; William Mills, Superintendent of Swedish Hospital, on Hospital Glimpses; Greetings were given by Consul Nils Leon Jaenson; Reminiscences, by Marie J. Nelson; Minnen (Swedish), Rev. E. A. Skogsbergh; Hannah F. Swenson, President of the Alumnae Association spoke on The Alumnae and gave the roll call of classes, to which Ethel Magnuson, President of the class of 1926, responded; Dr. Frank Nelson, President of Minnesota College gave A Closing Word.

Mississippi: The Mississippi State Board of Examiners of Nurses will hold an examination at the State Capitol, Jackson, July 5 and 6. Applications must be in the hands of the secretary-treasurer, Aurelia Baker, McComb, fifteen days before that date.

Missouri: The History of Nursing of Missouri, written under the auspices of the Missouri State Nurses' Association, has been completed and is in the hands of the printer. Copies may be secured by placing orders with the Nurses' Central Registries, in St. Louis, Kansas City, St. Joseph and Springfield. Mance Taylor, Principal of the School of Nursing, University of Missouri, has resigned and will leave in June, for California. Pearl Flowers, former Assistant Superintendent of St. Luke's Hospital School of Nursing, St. Louis, will succeed Miss Taylor. Bertha Love, Student Health Clinic, University Hospital, has resigned to accept a position as Night Supervisor at St. Luke's Hospital, St. Louis. Ruth Chambers has recently been appointed Public Health Nurse for Columbia, succeeding Miss Standish.

New Hampshire: The State Association will hold a meeting at the Portsmouth Hospital, Portsmouth, June 9. **Concord.**—The annual meeting of the New Hampshire State Hospital Alumnae Association was held on March 31. Officers elected are: President, Eliza Roberts; vice presidents, Belle Valentine, Mary Foley; secretary, Margaret Alexander; treasurer, Mrs. Ethelyn Jenkins; and four directors. The Memorial plaque for the nurses who served in the World War is to be dedicated at the next regular meeting, which will be held June 2, the exercises to take place on the lawn in front of the Nurses' Home, if possible.

New Jersey: The New Jersey State Nurses' Association held its annual meeting on April 9 at the State Hospital, Trenton. Officers elected were: Second vice president, Martha Moore; secretary, Gertrude Watson; director, Elizabeth Higbid. The President, first vice president and treasurer hold over until next year. The annual meeting of the New Jersey State Organization for Public Health Nursing was held at the State Hospital, Trenton, April 10. The meeting was opened by repeating the Lord's Prayer and pledging allegiance to the flag. Reports of officers and committees followed. Dr. Lambert L. Jackson, Assistant Commissioner of Education of New Jersey, gave a very useful talk on The Interest of High Schools in the Program of Health and Physical Education. Janet M. Geister, Assistant Secretary of the Associated Out-patient Clinics, New York City, gave some very interesting information in her paper on The Nurse as a Social Worker. Grace Moses, Physical Director of the West Orange Public Schools, gave a dramatic demonstration in teaching children health habits. Clara D. Noyes gave an excellent talk on The Graduate Nurse and Her Responsibility to the American Red Cross. Helen Stephen, the outgoing president, was presented with a brief case, as a token of appreciation for her four years of service. Mrs. d'Arcy Stephen and Miss Erhardt were made honorary members of the organization. Officers elected for two years are: President, Anna Ewing, Newark; secretary, Mary Edgecombe, Englewood;

treasurer, Mary Wier, Camden, and two trustees. **Camden.**—The Cooper Hospital Alumnae Association entertained the class of 1926 and celebrated its twenty-fifth anniversary at a banquet held at the Walt Whitman Hotel, May 5. Mary Rockhill spoke on the activities of the association for the past twenty-five years. Maude Broderson, president of the Alumnae, welcomed the graduates. The guests of honor were Hulda Randall, Superintendent of the hospital, Cora Swartz, Superintendent of the training school, and eleven graduates. **East Orange.** — The Homeopathic Hospital of Essex County expects to move into its new building in July.

New Mexico: The New Mexico State Nurses' Association held its fifth annual meeting on April 30, in Albuquerque. Rev. George J. Weber gave the address of welcome to which Mrs. M. F. DesMarais responded, followed by an address by Dr. L. S. Peters on Pneumothorax and one on The Value of Courtesy in the Hospital, by Sister M. Baptista. The morning session closed with a business meeting, which was continued during a portion of the afternoon session. Addresses were given on Abdominal Surgery by Dr. William H. Woolston; on The Role of Psychology in the Work of the Nurse, by Alice Straton, and on Pulmonary Hemorrhage, by Dr. Carl Mulky. The officers elected were: President, Stella Corbin; vice president, Sister Benito; secretary, Mary P. Wright; treasurer, Grace Goettman. A reception was held in the evening at the Methodist Sanatorium.

New York: Auburn.—The Auburn City Hospital Nurses' Alumnae held a regular meeting on April 30, when plans were made for celebrating National Hospital Day, May 12, and for arrangements for entertaining the graduating class and for the District meeting, June 17. The Long Island College Hospital Alumnae Association, at its annual meeting, elected the following officers: President, Mary E. Beyer; vice presidents, Madge R. Nivens, Mabel Kenney; recording secretary, Sadie Penney; corresponding secretary, Mrs. Martha Griffin, 152 Delaware Avenue, Flushing, N. Y.; treasurer, Mary R. Hatcherson, and one director. The Swedish Hospital Nurses' Alumnae held a reunion at the Nurses' Home on Hospital Day, May 11. Sixteen classes have been graduated from the school and all but two of them were represented. One entire class was present, except one who had died. The first graduate of the school and the last one, were present. There were thirty-seven nurses present and a pleasant social evening was enjoyed. **New York.** —Delightful Red Cross hospitality was extended a group of nurses on April 17 at a dinner in honor of Alice Fitzgerald who has returned from a sojourn in Italy in order to prepare for her departure for Siam where she will organize, under government auspices, a school of nursing. Anna Vogel and Kerstin Nordendahl, prominent and delightful Swedish nurses, who are observing methods in this country, were also guests. Elizabeth Gregg has retired from the staff of the New York Tuberculosis and Health Association, after twenty-five years as a nurse. She was one of the first six public school nurses, appointed in 1902. For the past three years she has been secretary of the Association of Tuberculosis Clinics. The New York Post Graduate Alumnae held a meeting on May 4, at which the Registry rules for outside cases were revised. **Rome.**—Mary E. Morris has been appointed Superintendent of the Rome Hospital; Gladys Brandt is at the head of the School of Nursing.

North Carolina: Charlotte.—Members of District 3 were guests of the Presbyterian Hospital staff on April 13. After the business, a delightful program was given by the students,—four members of the Senior class reading papers on different phases of nursing. A social hour followed. The meetings are increasing in interest.

Ohio: The Ohio State Association of Graduate Nurses held its twenty-third annual meeting at the Hotel Gibson, Cincinnati, April 14-16. The meeting opened, April 13, with a meeting of the Advisory Council. This was very well attended and many problems facing the Alumnae and District Associations were discussed. The subscription luncheon given on April 14 was very well attended. Anna S. Drake, Instructor at the School of Nursing and Health, Tuberculosis Sanatorium, Cincinnati, conducted a General Round Table discussion on Tuberculosis Nursing. This proved to be one of the most interesting sessions of the convention. The regular opening session of the Convention began at 2 p. m., on April 14. The Address of Welcome was given by Murray Seasongood, Mayor of Cincinnati. The response and annual address were given by Mary Jamieson, President of the Association. Reports were given which gave every member attending the convention a very clear picture of the work carried on

by the State Association, Sections and District Associations. Phoebe M. Kandel, delegate from Ohio to the International Council of Nurses, gave a most interesting report of the convention, illustrated by slides. Following this report the student nurses of the Cincinnati School of Nursing and Health gave a beautiful operetta, entitled "In India." On Thursday morning, George Boyd, of the Group Insurance Department of the Prudential Insurance Company, gave a very interesting talk on group insurance. Dr. Robert S. Morris, University of Cincinnati, gave a splendid address on the Prevention and Relief of Heart Diseases, followed by a paper on the nursing care of Heart Diseases by Grace Watson, Instructor, Miami Valley Hospital School of Nursing, Dayton. At 2 p. m., Professor William L. Bailey, Northwestern University, Evanston, Ill., gave an inspiring address on the advantages to the nurse of sociological training. Following this address, Josephine Simrall, Dean of Women, University of Cincinnati, gave a splendid address on "Broken Swords." Mrs. James D. Ireland, Secretary General of the St. Barnabas Guild for Nurses of the United States, gave a very interesting talk on the work of the Guild throughout the United States. At 6:30 p. m., there was a banquet attended by 340 nurses. Following the banquet, the student nurses of the schools in Cincinnati came in for the address given by Annie W. Goodrich, Yale School of Nursing. Friday morning, Professor William F. Burton, University of Cincinnati, gave an address on the General Principles of Supervision and Teaching. This brought forth many questions. Ruth Bridge, Instructor, School of Nursing and Health, University of Cincinnati, followed with a paper on the Methods and Principles in Teaching in Schools of Nursing. At 12:30 p. m., there was another subscription luncheon for Superintendents of Nurses of the Schools of Nursing and of Public Health Nursing Organizations. Miss Goodrich gave another very interesting address which was followed by many questions. Friday afternoon, Malinde Havey, Assistant Director of the National Red Cross Public Health Nursing Service, spoke on the work of the American Red Cross. Following this address, a General Round Table was conducted by Caroline V. McKee of Columbus. Some of the questions discussed were: Shall the Municipal Public Health Nurse Do Bedside Nursing? May Twelve-hour Duty Be Adapted to Country Nursing? Budgeting Our Incomes, How Far Shall Our Professional Loyalty Extend? How Can We Interest Nurses in the Care of Patients in the Home? Who Should Determine the Length of Service of a Special Nurse on a Hospital Case, the Doctor, the Hospital or the Patient? How Can We Get and Keep Supervisors and General Duty Nurses for Hospitals and How Can We Standardize Their Compensation? Are We Nursing Our Patients or Giving Treatments? This General Round Table was a most lively and interesting one and there seemed to be only one regret and that was that there was so little time to give to each question. There were round tables on School Nursing, Industrial Nursing, and two round tables were conducted by Mrs. Emma A. Fox, parliamentarian for our nursing organizations, on Parliamentary Procedure. Mrs. Fox proved to be most interesting. These round tables were very well attended and all expressed themselves as being very glad indeed that they were able to have Mrs. Fox come for a day and a half. Officers elected are: President, V. Lota Lorimer, Cleveland; vice presidents, Mrs. Estelle Koch, Cleveland; Lillian Hanford, Dayton; secretary, Mrs. Lucille Grapes Kinnell, Columbus; treasurer, Marguerite Fagen, Cincinnati. **Cincinnati.**—District 8 at its annual meeting elected as officers: President, Mrs. Louise Kuck Tooker; vice presidents, Minnie Draher, Maud Silver; secretary, Edith Northup; treasurer, Lillian Schroeder. Mr. Barnhorn of the Art Academy gave an interesting address on How Bronze Is Modeled and Sculptured. **Cleveland.** The Lutheran Hospital School of Nursing is putting out a year book, The Summary. St. Vincent Charity Hospital is working in such crowded quarters that a special campaign has been conducted which resulted in a fund of over $1,500,000. **Columbus.**—Annie W. Goodrich, School of Nursing, Yale University, spent April 14 in the Ohio State University. At noon she spoke to those of the University faculty who were interested in university curricula for nurses. She also addressed a large audience of nurses and students from hospitals in Columbus.

Pennsylvania: Allentown.—The Senior Class of the Allentown Hospital gave a playlet, "Safety First," at the Nurses' College, on April 8. The Alumnae held a bazaar, the receipts from which were very gratifying. Dr. Fred Herbst was the speaker at the District meeting held March 20. A playlet, The Modern Nurse, was presented. The Nurses' Alumnae Association will hold a reunion. **Harrisburg.**—The regular meeting of the

HARRISBURG HOSPITAL ALUMNAE ASSOCIATION was held at the Nurses' Home. Four new members were admitted. Plans for entertaining the graduating class were discussed. A nurses' uniform was adopted for formal occasions. **Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE KENSINGTON HOSPITAL FOR WOMEN held a bazaar at the Hospital on the evening of April 16. The proceeds, $350, will be used to equip the new addition to the nursery. **Pittsburgh.**—THE ALLEGHENY GENERAL HOSPITAL ALUMNAE had an unexpected treat at the May meeting, in an address by Margaret Cameron, one of its members who is on a furlough from duties as a missionary nurse in India.

Vermont: St. Johnsbury.—Plans are under way for the erection of a $50,000 addition to the St. Johnsbury Hospital. Heaton Hospital observed Hospital Day by issuing special invitations to all babies born in the hospital during the past year. Newport Hospital received $800 from its May festival.

Virginia: THE VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations at the University of Virginia, June 16, 17 and 18. For further particulars apply to Ethel M. Smith, secretary-treasurer, Craigsville. The twenty-sixth annual convention of the GRADUATE NURSES' ASSOCIATION OF VIRGINIA was held in Lynchburg, May 4, 5 and 6. Two business sessions were held, and many important pieces of work were either completed or definitely carried forward. Martha V. Baylor, Chairman of the Chair of Nursing Foundation Fund, read a most excellent report, which showed that approximately $45,000 had already been pledged, and that several cities were still hard at work on their quota, which when completed would carry the fund over the top. Richmond, Roanoke, Lynchburg, Charlottesville, Alexandria and Harrisonburg had already oversubscribed their quota; while Danville, Petersburg and Newport News were still working on their campaigns. Since it was evident that the Fund was already assured and that the majority of the pledges still unpaid were due by July 1, the Association passed a resolution authorizing the Board of Directors to offer the fund to the University of Virginia as of July 4, binding the Association for the remainder. A further evidence of the universal interest and affection in which the movement to establish a Chair of Nursing was held by the State nurses was given at the annual alumnae banquet, when out of the thirty alumnae associations in the State, twenty-four were represented, and reported that nineteen of the total were already founder members, several of them twice over, having raised two thousand dollars, and that others were still working toward that end. The State Association of Mississippi last year pledged a founder membership and their enrollment was received with much gratification by the Association. A resolution offered by the Board of Directors asking for an appropriation with which to begin the establishment of State Headquarters was passed unanimously. This work will be left in the hands of a committee. A gift of approximately $500 was authorized for the A. N. A. Relief Fund, and the State Insurance was abolished. At the first session of the Graduate Nurses' Association, in 1900, a sick benefit fund was established, which later became an insurance fund. This mode of providing for the sick was definitely abandoned by the association, since it was apparent that a wider usefulness could be secured through coöperation with the National Fund. A committee was authorized to make suitable changes in the by-laws to ensure annual contributions to the fund. The officers for the next year were announced as follows: President, Martha V. Baylor, Roanoke Hospital, Roanoke; treasurer, Florence Bishop, King's Daughters Hospital, Portsmouth; secretary, Lillie Walker, Lewis-Gale Hospital, Roanoke; vice presidents, Nannie J. Minor, Director of Nurses, State Board of Health, Richmond; Elizabeth Ritz, Memorial Hospital, Richmond, and Carrie May Copenhaver, Bristol; director, Agnes D. Randolph, Richmond. The guest of honor of the Association was Annie W. Goodrich, of Yale School of Nursing. Miss Goodrich spoke at the only public meeting, having on the program with her, only Dr. J. C. Flippin, Acting Dean of the Medical Department, University of Virginia. On Wednesday morning, Miss Goodrich met the entire association for a round table discussion of an hour and a half, which meeting will be recorded in the annals as one of the most valuable occasions throughout the life of the society. The convention was fortunate in having Edith Clapp, field representative of the A. N. A., who spoke at the Private Duty Section, and Clara D. Noyes, who discussed the Red Cross Nursing Service at the Public Health Section. Dr. Leroy Calkins, Professor of Obstetrics, University of Virginia, read a valuable paper before the Private Duty Section. Other papers were read on Toxin Antitoxin by Dr. Emily Gardener, State

Board of Health; Alice Dugger on Typhoid Epidemic Organization. Dr. Dice R. Anderson, on Vocational Guidance. Two delightful demonstrations were arranged, one for the educational section, and one for the public health section, the latter on home care of typhoid patients. Automobile drives, banquets, lunches, dancers, music, and dinners filled every spare moment, and sent the visiting members away sure that no other city could reach higher heights of hospitality than had Lynchburg.

Washington: The annual convention of the WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will be held in Everett, June 17, 18, and WASHINGTON STATE PUBLIC HEALTH ASSOCIATION, June 19. The following papers will be given: The Nurse and Recreation, Mary Roberts, Yakima; Twenty Years of Nursing Progress, Nora K. Daly, Spokane; Control of Communicable Diseases, Doctor Frankie, Health Officer of Everett; Our Debts, Emily Loveridge, Superintendent Good Samaritan Hospital, Portland, Ore.; The Alumnae, a Link Between the School of Nursing and the District Association, Catherine Jones, Seattle; Proposed Grading of Schools, Mary Buob and Bessie Smith, Spokane; Nursing Activities in British Columbia, Helen Randall, Chairman of Registration Committee, B. C.; Are There Advantages in Offering Rewards in Schools of Nursing? Marion A. Smith, Tacoma; Advance in Scientific Medicine the Past Ten Years, Dr. James Hunter, Seattle. THE WASHINGTON LEAGUE OF EDUCATION will have a business session with a round table discussion led by Evelyn H. Hall, Seattle; the Private Duty Section will have a round table discussion led by the chairman, Nora Daly, on some subject of vital interest to the private duty nurse.

Marriages

Alice Birchell Bardsley (class of 1917, Germantown Dispensary and Hospital, Philadelphia, Pa.) to Albert Magnitsky, on May 1. At home, New York City.

Marie-Louise Breingan (nurse, U. S. N.) to Ensign John D. Hayes, on April 8.

Mary Elizabeth Crosby (class of 1923, Tennessee Coal & Iron Company's Hospital, Fairfield, Ala.) to H. A. Tyson, February 8. At home, Lowndesboro, Ala.

Treva W. Deem (class of 1924, Reid Memorial Hospital, Richmond, Ind.) to Glen N. McCarty, on April 3.

Mattie Julia Hardy (class of 1925, University Hospital, Augusta, Ga.) to George Morgan, April 3. At home, Miami, Fla.

Lois Hughes (class of 1923, Grant Hospital, Columbus, Ohio) to Fred G. Fisher, April 26. At home, Columbus, Ohio.

Caroline S. Service (class of 1921, Methodist Episcopal Hospital, Philadelphia, Pa.) to William J. Cavanaugh, April 28.

Mabel Shipley (class of 1912, Grant Hospital, Columbus, Ohio) to Cashard Flora, March 30. At home, Nashoba, Ohio.

Mildred K. Stedman (class of 1914, Rome Hospital, Rome, N. Y.) to Joseph Evans, on April 1.

Lillian Swanson (class of 1915, Hamot Hospital, Erie, Pa.) to C. W. Fortune, M.D., on March 26. At home, Erie.

Juanita M. Wyman (class of 1916, Rome Hospital, Rome, N. Y.) to Albert Portner, on March 20.

Deaths

Mary Beers (Illinois Training School, Chicago, Ill.) on March 9, of carcinoma. Miss Beers was superintendent of St. George's Hospital, Iron Mountain, Mich., until it went out of existence a few years ago; since then she has been doing industrial work.

Anna Burns (class of 1924, Newark City Hospital, Newark, N. J.) in April, of tuberculosis.

Mrs. Price (**Addie Coapman**, class of 1892, Long Island College Hospital, Brooklyn, N. Y.) on May 11, in Ramsey, N. J.

Regina Dailey (class of 1919, Mercy Hospital, Chicago, Ill.) on March 20, after a ten days' illness of pneumonia. Miss Dailey had done private duty work.

Clara Ewing (class of 1901, Presbyterian Hospital, North Side, Pittsburgh, Pa.) at the Hospital, April 13, of pneumonia. Miss Ewing will be greatly missed by all her friends. Burial was at Saltsburg, Pa. Miss Ewing bequeathed five hundred dollars to the Nurses' Endowment Fund.

Margaret Finnegan (class of 1917, Newark City Hospital, Newark, N. J.) in December, of pneumonia.

Mrs. M. Stephen Brennan (**Elsie Irene Forbes**, class of 1904, Mountainside Hospital, Montclair, N. J.) on March 16, in Toronto, Canada.

Estella Foster (class of 1903, Ottumwa

Hospital Training School, Ottumwa, Iowa) on April 24, at her home in Albia, Iowa. After graduation, Miss Foster did private duty until she accepted the position of superintendent of a hospital in Astoria, Ore., where she remained four years. In 1920, Miss Foster went to Hawaii, where she spent a year. She later accepted a position in a Presbyterian mountain school in Kentucky, where she taught and nursed. Her heart was in her work and she took great interest in her pupils. Because of failing health she returned to her home in 1925, where she remained until her death. Miss Foster's life was one of service to others, in a quiet and unassuming way.

Mrs. Mae Dewar Fredenburg (class of 1916, House of the Good Shepard, Watertown, N. Y.) on April 17, at Port Arthur Hospital. Mrs. Fredenburg was Night Superintendent at the House of the Good Shepard, for a long period, and had recently taken a postgraduate course at the Boston Children's Hospital.

Carrie E. Gerhart (class of 1901, Orange Memorial Hospital, Orange, N. J.) on May 8, from progressive atrophy of the muscles, after an illness of over two years, which she bore with heroic courage and patience. Miss Gerhart was for many years Supervisor of the Visiting Nurses' Association, which she brought up to a high state of efficiency. She became an instructor in Red Cross aid work early during the World War, and her instruction and supervision were invaluable during the influenza epidemic. Miss Gerhart had spent the past two years in Miami, Fla., hoping the climate might restore her health. Her thought was always of others, never of herself. Burial was in Jonestown, Pa.

Mrs. Catherine Quinn Guidera (class of 1907, Newark City Hospital, Newark, N. J.).

Mrs. Lucy Ripley Joy (class of 1905, St. Luke's Hospital, New York City) on April 15, in Boulder City, Colo., after a short illness. Mrs. Joy held several positions at St. Luke's Hospital and for seven years was Superintendent of the House of the Good Shepard, Watertown, N. Y. During the World War, Mrs. Joy acted as Chief Nurse at Lakeside Hospital, Lakeside, N. J. Burial was in St. Louis, Mo.

Tillie E. Kunkel (class of 1917, Allentown State Hospital, Allentown, Pa.) after an illness of two days.

Anna Moler (class of 1905, Lankenau Hospital, Philadelphia, Pa.) on May 12, after an illness of twelve weeks following a stroke of paralysis.

Anna Maria Morrell (class of 1918, Rhode Island Hospital, Providence, R. I.) on March 31, at the Rhode Island Hospital, following a short illness.

Mrs. Nelson Mannlein (**Sadie Weston**, class of 1909, Kensington Hospital for Women, Philadelphia, Pa.), on March 30, at the hospital, after a long illness. She will be greatly missed, as she was beloved by all who knew her.

Lorinda Wolford (class of 1916, Higgins Memorial Hospital, Olean, N. Y.) on March 30, at Andrew Kaul Memorial Hospital, St. Marys, Pa., after a four days' illness of influenza. During the World War, Miss Wolford spent nineteen months at Camp Stewart, Newport News, Va. The Ledden-Young Post, American Legion, Ridgway, Pa., of which she was a member, attended her military funeral in a body. For the past six years Miss Wolford has done private duty and she was always ready and willing for any emergency. Her services were highly valued by physicians and surgeons and she was loved by all patients under her care. She will be mourned not only by the profession, but by service men who knew her and by a host of patients and friends.

"I know not where His islands lift
Their fronded palms in air;
I only know I cannot drift
Beyond His love and care."

Summer Schools and Institutes

Announcements and Reports

California: Los Angeles.—A three-day Institute was held under the auspices of the California League of Nursing Education, Southern Branch, April 13 to 15. One of the outstanding features was a series of lectures on the Principles of Teaching, by Martin J. Stormzand, University of Southern California. Mr. Stormzand gave a sample Week's Lesson, including Study Guide and Tests from the first five chapters of Harmer's Principles and Practice of Nursing. At a dinner meeting the subject, "The Responsibility of the Community for Nursing Education," was discussed by Helen Laughlin, University of California, Southern Branch, Mrs. Myron Hunt, Pasadena, and Percy T. Magan, M.D., Los Angeles. Other topics discussed were Physical Education, Ethics, Nervous and Mental Diseases, and Psychology. The student nurses appeared on the program giving criticism of and constructive suggestions for improving schools of nursing.

Florida: Gainesville.—The University of Florida will offer at its Summer session, June 14 to August 6, a course in Public Health Nursing in addition to those in Administration and Curricula in Nursing Schools, all of which will be under the direction of Katherine J. Densford, Assistant, Illinois Training School for Nurses. Courses in other departments of the University may also be elected. For information write to the Dean of the Summer School, University of Florida, Gainesville, Florida.

Minnesota: Minneapolis.—A tuberculosis institute will be conducted at the University of Minnesota, June 14-19, under the auspices of the General Extension Division of the University, Hennepin County Tuberculosis Association and the Glen Lake Sanatorium. Nurses attending the Mississippi Valley Tuberculosis conference, will be able to get three days of the course, as Minneapolis is but one night's ride from Chicago. Tuberculosis clinics in Minneapolis hospitals, will be included in the educational side of the institute. Leading physicians and nurses in the tuberculosis field will be on the program. Jean Taylor, superintendent of the Minneapolis Visiting Nurse Association, is chairman of the program committee, while Dr. E. S. Mariette, medical director of Glen Lake Sanatorium, and Dr. J. A. Myers, are special committee members. Registrations may be made with Eula B. Butzerin, University of Minnesota. The course is open to all graduate nurses, whether public health, institutional or private duty.

New York: The New York State Organization for Public Health Nursing arranged a one-day institute on Communicable Disease in New York City, April 10. This institute was more or less a trial one. The response was very encouraging. It is hoped that similar institutes will be arranged in other cities of the State in order to give all the members of the organization the same opportunity.

Ohio: At the University of Cincinnati, the courses announced in the April issue of the *Journal* will be given, with the exception of that in Administration of Schools of Nursing. The Course in Supervision in Hospitals and Schools of Nursing will be given by Phoebe M. Kandel.

Pennsylvania: Philadelphia.—A course in Hospital and Institutional Management will be given at Temple University, July 6, through August 14. Lectures will be held each week day except Saturday, from 9 to 11 a. m. Among the lecturers will be: Honorable William J. Ellis, Commissioner, Department of Institutes and Agencies, State of New Jersey; George R. Bedinger, Executive Director, Public Charities Association of Pennsylvania; Mary C. Eden, Directress of Nurses, Presbyterian Hospital; D. Adams, Business Manager, Jefferson Hospital; Eleanor Altemus, Registrar, Presbyterian Hospital; M. P. Burlingame, Manager, Wilson Laundry, Bryn Mawr. The course will be especially valuable to those who have had hospital or institutional experience. The curriculum will include: First steps in organizing a hospital; Functions and principles of organization; Relation of a department of institutions and agencies to the hospitals and institutions of the state; Administration; Purchase and issuance; Hospital accounting; Hospital histories and chart records, including medical and surgical cases coming under all of the special departments; Construction, heating and lighting; Departmental studies: (a) The Training School; (b) Out-patient Department; (c) Social Service Department; (d) Laundry Operation and Management; (e) Housekeeping; (f) Functional organization studies of other departments. Philadelphia is a great medical center and the large number of hospitals, both general and special, afford abundant opportunity for observation and laboratory instruction. As the Sesqui-Centennial will begin June 1, it will be a good opportunity for those who wish to visit the city, to spend six weeks at Temple University. Those who register early will be able to secure accommodations in the Dormitory at a reasonable rate.

About Books

MICROBE HUNTERS. By Paul de Kruif. 363 pages. Illustrated. Harcourt, Brace and Company, New York. Price, $3.50.

THE author himself characterizes this book on "microbe hunters" as a "grotesque but not perfect story of their deeds," and any conscientious reviewer who forces himself to read the book can but agree with him. As history, it is not always reliable; it lacks real inspiration for both students and laymen, who will very often be left hopelessly muddled with regard to some of the most important applications of bacteriology. Carelessness and prejudice are both responsible for actual misstatements, ranging from such minor details as fourteen instead of twelve injections in Pasteur's first human treatment for rabies, to deferring from twelve to twenty years to a favorite "hunter" such definitely formulated theories and observations as the cause of anthrax, the role of spores, and specificity of bacteria.

Neither present-day medicine nor historical bacteriology deserve the implications carried by such expressions as "obscenities of the ordinary medical student," "cutting up sick people," "murderer in his heart" and "dug ghoulishly into the spleens of dead children."

Still more to be deplored are the uncertainties and misconceptions which must be the lot of even the most intelligent layman, with such questionable statements or implications as that drinking hot coffee kills mouth bacteria; that ordinary unheated air is pure germ-free air; that the value of diphtheria antitoxin is still to be proven; that bacteria (anthrax) spores are killed in an ordinary icebox; and that syphilis organisms can be "destroyed *absolutely and immediately with a single injection.*"

The occasional sentimental expressions, such as "nice phagocytes," only emphasize the continuous sequence of explosive exaggerations, and one becomes extremely bored by the workers who are constantly "mumbling," muttering," "shouting," "roaring," and cursing, even "cursing at sweat," in the face of a "snickering" world.

Nothing is too good or too bad to be attributed to those in or out of favor, and to one hunter is ascribed such impossible deeds as "turning his lens into every noisome nook and cranny of twenty-six thousand dead bodies,"(!) and another is characterized as manipulating everything from his associates to the truth itself, to his own personal aggrandizement, although it is known that he refused the Grand Cross of the Legion of Honor unless similar honors were conferred upon his two assistants.

JEAN BROADHURST, PH.D.,
Teachers College, New York.

HEALTH HEROES. A series of booklets prepared by the Metropolitan Life Insurance Company for use in high schools. The first two "Heroes" are now available; Pasteur and Trudeau, and are fascinatingly written accounts of the man who with his followers has now probably added an average of twenty years or so to the lives of millions of people; and of that great American who, possessing a genius for friendship "made a magic" in the wilderness upon which much of our later treatment of tuberculosis has been built. The booklets may be obtained free of charge by those interested in health teaching.

Books Received

A TEXTBOOK FOR KOREAN NURSES, Vol. I., consisting of seven chapters from Practical Nursing. By Anna Caroline Maxwell and Amy Elizabeth Pope, adapted and translated. Published by The Association of Occidental Graduate Nurses in Korea.

International Council of Nurses.—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Ave., New York. Business Office, 19 W. Main St., Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

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U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

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